

CARLIN POLICE DEPARTMENT SUBJECT WORKSHEET/WITNESS STATEMENT

INCIDENT # _____

PAGE # _____

OF _____

PAGES _____

SUBJECT TYPE: <input type="checkbox"/> A- Account Holder <input type="checkbox"/> V- Victim <input type="checkbox"/> S- Suspect <input type="checkbox"/> C- Complainant <input type="checkbox"/> W- Witness <input type="checkbox"/> O- Owner <input type="checkbox"/> M- Missing <input type="checkbox"/> I- Informational			VICTIM TYPE: <input type="checkbox"/> B- Business <input type="checkbox"/> I- Individual <input type="checkbox"/> R- Religious Group <input type="checkbox"/> F- Financial <input type="checkbox"/> L- Officer on Duty <input type="checkbox"/> S- Society/Public <input type="checkbox"/> G- Government <input type="checkbox"/> O- Other <input type="checkbox"/> U- Unknown			RESIDENT TYPE: <input type="checkbox"/> N- Non-Resident <input type="checkbox"/> R- Resident <input type="checkbox"/> U- Unknown		
NAME: (Last, First, Middle)		RACE:	SEX:	D.O.B:	AGE:	HISPANIC: <input type="checkbox"/> YES <input type="checkbox"/> NO		
STREET ADDRESS:		CITY:		STATE:		ZIP:		
HOME PHONE #:	WORK PHONE #:	HEIGHT:	WEIGHT:	HAIR:	EYES:			
DL NUMBER/STATE:		SSN:		OCCUPATION:				
PLACE OF BIRTH:			MARITAL STATUS: <input type="checkbox"/> S- Single <input type="checkbox"/> M- Married <input type="checkbox"/> D- Divorced <input type="checkbox"/> W- Widowed <input type="checkbox"/> S- Separated					
MISSING PERSON TYPE: <input type="checkbox"/> R- Runaway <input type="checkbox"/> E- Endangered <input type="checkbox"/> W- Wanted <input type="checkbox"/> I- Involuntary <input type="checkbox"/> D- Disabled			STATEMENT TYPE: <input type="checkbox"/> W- Written <input type="checkbox"/> V- Verbal		ARRESTED: <input type="checkbox"/> NO <input type="checkbox"/> YES BOOKED BY: _____			
ENTERED NCIC <input type="checkbox"/> YES <input type="checkbox"/> NO								
SCARS, MARKS, TATTOOS / OTHER PHYSICAL IDENTIFIERS:								
COMMENTS: _____								
INJURY TYPE: <input type="checkbox"/> N- None <input type="checkbox"/> M- Apparent Minor <input type="checkbox"/> B- Apparent Bone Broken <input type="checkbox"/> O- Other Major Injury <input type="checkbox"/> I- Poss Internal Injury <input type="checkbox"/> T- Loss of Teeth <input type="checkbox"/> L- Severe Laceration <input type="checkbox"/> U- Unconsciousness		EXTENT OF INJURY: <input type="checkbox"/> 0- None <input type="checkbox"/> 1- Minor <input type="checkbox"/> 2- Moderate <input type="checkbox"/> 3- Major <input type="checkbox"/> 4- Fatal		MEDICAL TREATMENT: <input type="checkbox"/> 1- Hospitalized <input type="checkbox"/> 2- Treated/Released <input type="checkbox"/> 3- Refused Treatment <input type="checkbox"/> 4- Not Treated		TRANSPORTED BY: <input type="checkbox"/> 1- Private Vehicle <input type="checkbox"/> 2- Police Vehicle <input type="checkbox"/> 3- Ambulance <input type="checkbox"/> 4- Other		
IF THIS SUBJECT IS A VICTIM, RELATIONSHIP OF VICTIM TO OFFENDER: <input type="checkbox"/> SE- SPOUSE <input type="checkbox"/> AQ- ACQUAINTANCE <input type="checkbox"/> CF- CHILD OF B/G FRIEND <input type="checkbox"/> CH- CHILD <input type="checkbox"/> SP- STEPPARENT <input type="checkbox"/> FR- FRIEND <input type="checkbox"/> CS- COMMON LAW <input type="checkbox"/> SC- STEPCHILD <input type="checkbox"/> NE- NEIGHBOR <input type="checkbox"/> HR- HOMOSEXUAL RELATION <input type="checkbox"/> XS- EXSPOUSE <input type="checkbox"/> GP- GRANDPARENT <input type="checkbox"/> RU- UNKNOWN <input type="checkbox"/> PA- PARENT <input type="checkbox"/> GC- GRANDCHILD <input type="checkbox"/> SS- STEPSIBLING <input type="checkbox"/> BE- BABY <input type="checkbox"/> EE- EMPLOYEE <input type="checkbox"/> ST- STRANGER <input type="checkbox"/> SB- SIBLING <input type="checkbox"/> IL- IN, LAW								

COMPLETE IF ABOVE INFORMATION IS F.I. ONLY

LOCATION OF CONTACT				DATE/TIME		
VEHICLE YR:	VEHICLE MAKE:	TYPE:	COLOR	LIC #:	STATE	
REASON FOR CONTACT:				CLOTHING DESCRIPTION:		

GANG AFFILIATION

GANG INVOLVEMENT: <input type="checkbox"/> YES <input type="checkbox"/> NO		GANG NAME:			
TYPE: <input type="checkbox"/> MEMBER <input type="checkbox"/> ASSOC.	HOW DETERMINED: <input type="checkbox"/> ADMITTED <input type="checkbox"/> ASSOC. W/ <input type="checkbox"/> TATTOOS <input type="checkbox"/> INFORMANT <input type="checkbox"/> CLOTHING		MONIKERS/ALIASES:		TYPE OF CRIME:
CLOTHING DESCRIPTION:					

SEE OTHER SIDE FOR WITNESS STATEMENT

WITNESS STATEMENT

INCIDENT #:	NAME: (Last, First, Middle)	PAGE# OF PAGES
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Lined area for the witness statement.

SIGNATURE:

DATE/TIME: