

ALABAMA UNIFORM INCIDENT/OFFENSE REPORT

1 ORI # A L	2 Date of Report	3 Time of Report AM PM MIL	4 Type Report Incident Offense Supplement	5 Supplement Date	6 Agency Case Number	7 Suffix
8 Agency Name						9 Sector
10 Type of Incident or Offense <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Attempted <input type="checkbox"/> Completed			11 Degree (Circle) 1 2 3		12 UCR Code	
14 Type of Incident or Offense <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Attempted <input type="checkbox"/> Completed			15 Degree (Circle) 1 2 3		16 UCR Code	
18 Place of Occurrence <input type="checkbox"/> Check here if event occurred at victim's residence			Victim Demographics (Where victim is an individual)			
If offense occurred at victim's residence, then only the approximate location should be listed in this section. (For example, a block number should be entered.) If the offense occurred elsewhere, then the specific address should be listed here.			19 Sex <input type="checkbox"/> M <input type="checkbox"/> F		20 Race <input type="checkbox"/> W <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> I	
			21 Ethnicity <input type="checkbox"/> Hispanic <input type="checkbox"/> Other		22 Multiple Victims <input type="checkbox"/> LE Officer	
29 Point of Entry <input type="checkbox"/> Door <input type="checkbox"/> Roof <input type="checkbox"/> Window <input type="checkbox"/> Other			30 Method of Entry <input type="checkbox"/> Forcible <input type="checkbox"/> Attempted Forcible <input type="checkbox"/> No Force		31 Local Use	
35 Occurred from MM/DD/YY			36 Time of Event AM PM MIL		37 Day of Week S M T W T F S	
38 Occurred to MM/DD/YY			39 Time of Event AM PM MIL		40 Day of Week S M T W T F S	
42 Type Criminal Activity B Buying/Receiving D Distributing/Selling O Operating/Promoting T Transporting/Importing C Cultivating/Manu E Exploiting Children P Possessing/Concealing U Using/Consuming			43 Victim Type I Individual F Financial (Bank) R Religious Org B Business G Government S Society			
44 Loss Code			45 Property Code			46 Qty
47 Property Description Include Make, Model, Size Type, Serial #, Color, Drug Type, Drug Qty, Etc.			48 Dollar Value Stolen Damaged		49 Recovered Date Value	
Loss Code (Enter letter in loss code column) S Stolen B Burned R Recovered F Forged/ D Damaged/ Counterfeited Destroyed N None C Confiscated/ Seized			Property Code (Enter # in property type column) 01 Aircraft 02 Alcohol 03 Autos 04 Bicycles 05 Buses 06 Clothes 07 Computer 08 Consumables 09 Credit Card 10 Drugs 11 Drug Equip 12 Farm Equip 13 Firearms 14 Gambling Equipment 15 Heavy Construction 16 Household Goods 17 Jewelry 18 Livestock 19 Merchandise 20 Money 21 Negotiable Instrument 22 Non-negotiable Instru 23 Office Equipment 24 Other Motor Vehicle 25 Purse/Wallet 26 Radios/TV/VCR 27 Recordings 28 RV's 29 Structure - Single Occupancy Dwelling 30 Structure - Other Dwelling 31 Structure - Other Commercial 32 Structure - Industrial/ Manufacturing 33 Structure - Public/Community 34 Structure - Storage 35 Structure - Other 36 Tools - Power/Hand 37 Trucks 38 Vehicle Parts/Accessories 39 Watercraft 77 Other			
50 Stolen Vehicle Only <input type="checkbox"/> Business <input type="checkbox"/> Rural			51 Ownership verified by: <input type="checkbox"/> Tag Receipt <input type="checkbox"/> Title <input type="checkbox"/> Bill of Sale <input type="checkbox"/> Other		52 Veh. Categories <input type="checkbox"/> Recovered <input type="checkbox"/> Victim's Vehicle <input type="checkbox"/> Abandoned <input type="checkbox"/> Stolen <input type="checkbox"/> Suspect's Vehicle <input type="checkbox"/> Unauthorized Use	
53 Vehicle Year		54 Vehicle Make		55 Vehicle Model		56 Number Veh Stolen
58 Vehicle Style			59 Vehicle Color Top Bottom		60 License	
64 Vehicle VIN Number			65 Warrant Signed <input type="checkbox"/> Yes <input type="checkbox"/> No			
Motor Vehicle Recovery Only Required For 24XX UCR Code			66 Stolen in your jurisdiction? <input type="checkbox"/> Yes <input type="checkbox"/> No Where?		67 Recovered in your jurisdiction? <input type="checkbox"/> Yes <input type="checkbox"/> No Where?	
68 Case #		69 SFX		70 Case #		71 SFX
74 Case Status 1 Pending 2 Inactive 3 Closed		75 Multiple Cases Closed Listed Above <input type="checkbox"/> Multiple Cases Closed Listed On Supplement <input type="checkbox"/>		79 Reporting Officer Officer ID Number		
76 Entered NCIC/ACJIC <input type="checkbox"/> Yes <input type="checkbox"/> No		77 Case Disposition 1 Cleared by Arrest (Juvenile) 2 Cleared by Arrest (Adult) 3 Unfounded 4 Exceptional Clearance 5 Administratively Cleared		78 Exceptional Clearance (Circle One) A Suspect/Offender Dead B Prosecution Declined/ Other Prosecution C Extradition Denied D Victim Refused to Cooperate E Juvenile (No Custody) F Death of Victim		
Date (MM/DD/YY)		76 Entered NCIC/ACJIC		80 Assisting Officer Officer ID Number		
NIC/AIN #:				81 Supervisor Approval Officer ID Number		
				82 Watch Commander Officer ID Number		

EVENT

PROPERTY

VEHICLES

ADMINISTRATION

Yes No 28 Domestic Violence



# ALABAMA UNIFORM INCIDENT/OFFENSE REPORT SUPPLEMENT

OFFICER'S WORK PRODUCT MAY NOT BE PUBLIC INFORMATION

1 ORI # <b>AL</b>		2 Agency Name		3 Date and Time of Report M D Y		4 Case #		5 SFX																							
<b>EVENT</b>	6 Victim's Name (Original Report)					7 Original Offense Date M D Y		8 Type Report <input type="checkbox"/> Continuation <input type="checkbox"/> Follow-Up																							
	9 Original Incident/Offense					10 UCR Code		11 State Code/Local Ordinance																							
	12 New Incident/Offense					13 UCR Code		14 State Code/Local Ordinance																							
	15 Has an Arrest Been Made? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		16 Date of Arrest M D Y		17 Has a Warrant Been Obtained? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Warrant # _____			18 Date of Warrant M D Y		19 Prior Year Premise _____ Weapon _____																					
20 <input type="checkbox"/> Defendant <input type="checkbox"/> Suspect					21 <input type="checkbox"/> Defendant <input type="checkbox"/> Suspect																										
Name:					Name:																										
Race <input type="checkbox"/> W <input checked="" type="checkbox"/> A <input type="checkbox"/> Hispanic <input type="checkbox"/> Other		Sex <input type="checkbox"/> M <input checked="" type="checkbox"/> F		DOB M D Y		Age		Race <input type="checkbox"/> W <input checked="" type="checkbox"/> A <input type="checkbox"/> Hispanic <input type="checkbox"/> Other		Sex <input type="checkbox"/> M <input checked="" type="checkbox"/> F		DOB M D Y		Age																	
22 Local Use		24 Aircraft		25 Alcohol		26 Autos		27 Bicycles		28 Buses		29 Clothes/Furs		30 Computer Hardware/Software		31 Consumables		32 Credit/Debit Cards		33 Drugs/Narcotics		34 Drugs/Narcotics Equipment									
23 State Use																															
35 Farm Equipment		36 Firearms		37 Gambling Equipment		38 Heavy Construction/Industrial Eq		39 Household Goods		40 Jewelry/Precious Metals		41 Livestock		42 Merchandise		43 Money		44 Negotiable Instruments		45 Non-negotiable Instruments		46 Office Equipment									
47 Other Motor Vehicle		48 Purses/Handbags/Wallets		49 Radios/TV/VCR		50 Recordings - Audio/Visual		51 Recreational Vehicles		52 Structure - Single Occupancy Dwelling		53 Structure - Other Dwelling		54 Structure - Other Commercial		55 Structure - Industrial/Manufacturing		56 Structure - Public/Community		57 Structure - Storage		58 Structure - Other									
59 Tools		60 Trucks		61 Vehicle Parts/Accessories		62 Watercraft		63 Other		64 Motor Veh. Stolen in Your Jurisdiction? <input checked="" type="checkbox"/> Where? _____		65 Recovered in Your Jurisdiction? <input checked="" type="checkbox"/> Where? _____		66 Case #		67 SFX		68 Case #		69 SFX		70 Case #		71 SFX		72 ADDITIONAL CASES CLOSED NARRATIVE <input type="checkbox"/> Y <input type="checkbox"/> N					
73 Case Status <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Inactive <input type="checkbox"/> Closed		74 Case Disposition: 1 Cleared by Arrest (Juvenile) 2 Cleared by Arrest (Adult) 3 Unfounded 4 Exceptional Clearance 5 Administratively Cleared		75 Reporting Officer ID #		76 Assisting Officer ID #		77 Supervisor Approval ID #		78 Watch Cmdr ID #		79 Case Status <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Inactive <input type="checkbox"/> Closed		80 Case Disposition: A Suspect/Offender Dead B Prosecution Declined/Other Prosecution C Extradition Denied D Victim Refused to Cooperate E Juvenile (No Custody) F Death of Victim		81 Case Status <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Inactive <input type="checkbox"/> Closed		82 Case Disposition: A Suspect/Offender Dead B Prosecution Declined/Other Prosecution C Extradition Denied D Victim Refused to Cooperate E Juvenile (No Custody) F Death of Victim		83 Case Status <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Inactive <input type="checkbox"/> Closed		84 Case Disposition: A Suspect/Offender Dead B Prosecution Declined/Other Prosecution C Extradition Denied D Victim Refused to Cooperate E Juvenile (No Custody) F Death of Victim		85 Case Status <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Inactive <input type="checkbox"/> Closed		86 Case Disposition: A Suspect/Offender Dead B Prosecution Declined/Other Prosecution C Extradition Denied D Victim Refused to Cooperate E Juvenile (No Custody) F Death of Victim		87 Case Status <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Inactive <input type="checkbox"/> Closed		88 Case Disposition: A Suspect/Offender Dead B Prosecution Declined/Other Prosecution C Extradition Denied D Victim Refused to Cooperate E Juvenile (No Custody) F Death of Victim	

TYPE OR PRINT IN BLACK INK ONLY

**ADDITIONAL INCIDENT/OFFENSE  
NARRATIVE CONTINUED**

79 Date and Time of Report		
M	D	Y

1	AM
2	PM
3	MIL

80 Case #

81 SFX

82 Type Report:  1. Continuation  2. Follow-up

NARRATIVE

NARRATIVE

NARRATIVE



