TIBRS INCIDENT REPORT FORM

Administrative Data

ORI:	Incident #:	CAD#:
Incident Date:	Incident Time: *(use military time)*	Incident Date Is: ☐ Actual Date ☐ Report Date
Address #:	Street Name:	Apartment #:

City:	State:	Zip Code:	Zone:	Reporting Officer:

Latitude:	Longitude:	Arrival Date:	Arrival Time:	Officer Involved Shooting: ☐ Yes ☐ No

Incident Status:
☐ Cleared by Arrest
☐ Cleared Exceptionally

Exceptional Clearance:
☐ Not Applicable ☐ In Custody of Other Jurisdiction
☐ Death of Offender ☐ Victim Refused to Cooperate
☐ Prosecution Declined ☐ Juvenile, No Custody

Exceptional Clearance Date:

Investigated by Outside Agency? ☐ Yes ☐ No

Cargo Theft Involved? ☐ Yes ☐ No

Offense #1

T.C.A. Offense Statute:	TIBRS Offense Code:	Offense Description:	Bias:	Location Code:

Offense Status: ☐ Attempted ☐ Completed

Offender Suspected of Using: (Choose up to 3) ☐ Alcohol ☐ Drugs ☐ Computer Equipment ☐ Not Applicable

Home Invasion Involved? *(for Burglary or Robbery at Residence Only)* ☐ Yes ☐ No

Method of Entry: ☐ Force ☐ No Force

For Burglary Only: Number of Premises:

Identity Theft? ☐ Yes ☐ No

Weapons (*check up to 3*):
(Required for 09A, 100, 11A, 11B, 11C, 120, 13A, 13B, 210, 520 Offenses)

	Automatic?		
☐ 11 - Firearm	☐	☐ 20 - Knife/Cutting Instrument	☐ 65 - Fire/Incendiary Device
☐ 12 - Handgun	☐	☐ 30 - Blunt Object	☐ 70 - Drugs/Narcotics/Sleeping Pills
☐ 13 - Rifle	☐	☐ 35 - Motor Vehicle	☐ 85 - Asphyxiation
☐ 14 - Shotgun	☐	☐ 40 - Personal Weapons	☐ 90 - Other
☐ 15 - Other Firearm	☐	☐ 50 - Poison	☐ 95 - Unknown
		☐ 60 - Explosives	☐ 99 - None

Criminal Activity (*check up to 3*):
(Required for 250, 280, 35A, 35B, 39C, 370, 520)

☐ Buying/Receiving
☐ Distributing/Selling
☐ Using/Consuming
☐ Exploiting Children
☐ Possessing/Concealing
☐ Operating/Promoting/Assisting
☐ Transporting/Transmitting/Importing
☐ Cultivating/Manufacturing/Publishing/Producing
☐ Gang Related

Gang Involvement: ☐ Yes ☐ No

Type of Gang Involvement: ☐ Other ☐ Juvenile ☐ Juvenile & Other

Gang Name:

Additional Gang Name:

1st Gang Type:
☐ Terrorist/Subv. Group ☐ Prison/Security Threat
☐ Outlaw Motorcycle ☐ Street
☐ Organized Crime ☐ Miscellaneous

2nd Gang Type:
☐ Terrorist/Subv. Group ☐ Prison/Security Threat
☐ Outlaw Motorcycle ☐ Street
☐ Organized Crime ☐ Miscellaneous

Offense #1 Continued

Drug Related?

- ☐ Yes
- ☐ No

Suspected Drug Type *(check one)*:

- ☐ Cultivated Marijuana
- ☐ Processed Marijuana
- ☐ GHB
- ☐ Non-Prescription Drugs
- ☐ Ecstasy
- ☐ Other Prescription Drugs
- ☐ Methamphetamine
- ☐ Ketamine
- ☐ Crack Cocaine
- ☐ Hydrocodone
- ☐ Powder Cocaine
- ☐ Oxycodone
- ☐ Heroin

Origin of Drug:

- ☐ Diverted Prescription Drug
- ☐ Illegally Imported
- ☐ Clandestine Lab
- ☐ Indoor Marijuana Growth
- ☐ Outdoor Marijuana Growth

Methamphetamine Lab Precursors *(check one)*:

- ☐ Gelcap
- ☐ Liquid
- ☐ Single Capsule/Tablet
- ☐ Unknown/Not Present
- ☐ Combination Capsule/ Tablet

Property

Property Loss Type	Category Code	Property Description	Qty.	Value	Serial Number	Recovered Date	Recovered Qty.	Recovery Value

Property Value Over $500?

Burned: ☐ Yes ☐ No Destroyed/Damaged/Vandalized: ☐ Yes ☐ No Stolen: ☐ Yes ☐ No

Vehicle Information

License #:	State:	Style:	Year:	VIN:

Make:	Model:	Color:	Parts: ☐ Yes ☐ No	Description:

Property Drug/Narcotics Information

Suspected Drug Type:	Est. Quantity:	Measure:
Drug #1		
Drug #2		
Drug #3		

Drug Types

A - Crack Cocaine
B - Cocaine (other)
C - Hashish
D - Heroin
E - Marijuana
F - Morphine
G - Opium
H - Other Narcotics
I - LSD
J - PCP
K - Other Hallucinogen
L - Amphetamine
M - Other Stimulant
N - Barbiturates
O - Other Depressants
P - Other Drugs
U - Unknown Type
X - Over Three Types
Z - Methamphetamine

Measure

Weight	Capacity	Units
GM - Gram	ML - Milliliter	DU - Dosage Units
KG - Kilo	LT - Liter	NP - Number of Plants
OZ - Ounce	FO - Fluid Ounce	XX - Not Reported
LB - Pound	GL - Gallon	

For Marijuana with Measure of Number of Plants Only:

Location Found: ☐ Indoor ☐ Outdoor ☐ Both

Number of Plots:

Latitude:

Longitude:

Offender/Arrestee

Arrested? ☐ Yes ☐ No

If Arrested, State Control #:

D.O.B.:

Age/Age Range:

Sex: ☐ Male ☐ Female ☐ Unknown

Race: ☐ American Indian/ Alaskan Native ☐ Asian ☐ Native Hawaiian or Other Pacific Islander ☐ Black ☐ White ☐ Unknown

Ethnicity: ☐ Hispanic or Latino ☐ Non-Hispanic or Non Latino ☐ Unknown

Resident Status: ☐ Yes ☐ No ☐ Unknown

First Name: Middle Name: Last Name:

Alias:

Address #: Street Name: Apartment #:

City: State: Zip Code: Phone #:

SSN: Driver License #: Driver License State: Other ID/Type:

Height: Feet Inches

Weight: Lbs.

Eye Color: ☐ Brown ☐ Hazel ☐ Blue ☐ Multi-Colored ☐ Black ☐ Maroon ☐ Green ☐ Pink ☐ Gray

Hair Color: ☐ Bald ☐ White ☐ Black ☐ Red ☐ Blonde ☐ Sandy ☐ Brown ☐ Gray

Scars/Marks/Tatoos (SMT):

1st SMT: 2nd SMT: 3rd SMT: 4th SMT: 5th SMT:

Clothing Description:

Juvenile Offender? ☐ Yes ☐ No

Offender/Arrestee continued

TIBRS Arresting Offense:	Arrest Date:	Arrest Transaction #:

Arrest Type:
- ☐ On-View
- ☐ Summoned/Cited
- ☐ Taken Into Custody

Multiple Arrestee Indicator:
- ☐ Multiple
- ☐ Count Arrestee
- ☐ Not Applicable

Arrestee Armed With *(check up to two)*:

	Automatic?	
☐ Firearm-Type Unk	☐	☐ Knife/ Cutting Instrument
☐ Handgun	☐	☐ Club, Blackjack, Brass Knuckles
☐ Rifle	☐	☐ Unarmed
☐ Shotgun	☐	
☐ Other Firearm	☐	

Juvenile Arrestee Disposition *(Under 18)*:
- ☐ Handled Within Department
- ☐ Referred to Other Authorities

Warrant Signed By *(Domestic Violence Only)*: ☐ Officer ☐ Victim ☐ Both

Previous Domestic Arrest: ☐ Yes ☐ No

Victim #1

Offense #1	Offense #2	Offense #3	Offense #4	Offense #5	Offense #6	Offense #7	Offense #8	Offense #9	Offense #10

Victim Type:
- ☐ Individual
- ☐ Business
- ☐ Religious Organization
- ☐ Law Enforcement Official
- ☐ Society/Public
- ☐ Other
- ☐ Financial Institution
- ☐ Government
- ☐ Unknown

Sex:
- ☐ Male
- ☐ Female
- ☐ Unknown

Race:
- ☐ American Indian/ Alaskan Native
- ☐ Black
- ☐ Asian
- ☐ White
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ Unknown

Ethnicity:
- ☐ Hispanic or Latino
- ☐ Non-Hispanic or Non Latino
- ☐ Unknown

Resident Status:
- ☐ Yes
- ☐ No
- ☐ Unknown

Age Category:
- ☐ Under 24 Hrs.
- ☐ Newborn (1-6 Days Old)
- ☐ 7-364 Days Old
- ☐ 99 (Over 98 Years Old)
- ☐ Known D.O.B. or Age Range
- ☐ Unknown Age

D.O.B. Or Age Range:

College Student? ☐ Yes ☐ No

On Campus? ☐ Yes ☐ No

College Name:

Domestic Violence? ☐ Yes ☐ No

Transported to Safety? ☐ Yes ☐ No

Violation of Order of Protection? ☐ Yes ☐ No

Previous Domestic Violence Victim: ☐ Yes ☐ No

First Name: Middle Name: Last Name:

Address #:	Street Name:	Apartment #:

City:	State:	Zip Code:	Phone #:

SSN:	Driver License #:	Driver License State:	Other ID/Type:

Employer Name:	Street Address:

City:	State:	Zip Code:	Phone #:

Victim #1 continued

Height:

Feet Inches

Weight: Lbs.

Eye Color:

- ☐ Brown
- ☐ Multi-Colored
- ☐ Green
- ☐ Hazel
- ☐ Black
- ☐ Pink
- ☐ Blue
- ☐ Maroon
- ☐ Gray

Hair Color:

- ☐ Bald
- ☐ Red
- ☐ Brown
- ☐ White
- ☐ Blonde
- ☐ Gray
- ☐ Black
- ☐ Sandy

Scars/Marks/Tatoos (SMT):

1st SMT:	2nd SMT:	3rd SMT:	4th SMT:	5th SMT:

Injuries (*check up to five):*

- ☐ N - None
- ☐ M - Minor Injuries
- ☐ B - Broken Bones
- ☐ O - Other Major Injury
- ☐ I - Possible Internal Injuries
- ☐ T - Loss of Teeth
- ☐ L - Severe Lacerations
- ☐ U - Unconsciousness

Homicide/Aggravated Assault Circumstances (*check up to two):*

- ☐ 01 - Argument
- ☐ 06 - Lover's Quarrel
- ☐ 02 - Assault on Law Official
- ☐ 07 - Mercy Killing (*Homicide Only)*
- ☐ 03 - Drug Dealing
- ☐ 08 - Other Felony
- ☐ 04 - Gangland
- ☐ 09 - Other Circumstances
- ☐ 05 - Juvenile Gang
- ☐ 10 - Unknown Circumstances

Negligent Manslaughter Codes *(check one):*

- ☐ 30 - Child Playing w/Weapon
- ☐ 31 - Gun Cleaning Accident
- ☐ 32 - Hunting Accident
- ☐ 33 - Other Negligent Weapon Handling
- ☐ 34 - Other Negligent Killing

Justifiable Homicide Codes *(check one):*

- ☐ 20 - Criminal Killed by Private Citizen
- ☐ 21 - Criminal Killed by Police Officer/ Law Enforcement Official

Additional Justifiable Homicide Circumstances *(Select Action of Criminal):*

- ☐ A - Attacked Police Officer & That Officer Killed Criminal
- ☐ B - Attacked Police Officer & Criminal Killed by Other Officer
- ☐ C - Attacked a Civilian
- ☐ D - Attempted Flight From Crime
- ☐ E - Killed in Commission of Crime
- ☐ F - Resisted Arrest
- ☐ G - Unable to Determine/Not Enough Information

Victim to Offender Relationship :

Offender #1	Offender #2	Offender #3	Offender #4	Offender #5	Offender #6	Offender #7	Offender #8	Offender #9	Offender #10

Complainant

First Name: Middle Name: Last Name:

Address #:	Street Name:		Apartment #:
City:	State:	Zip Code:	Phone #:
Employer Name:		Street Address:	
City:	State:	Zip Code:	Phone #:

Witness

First Name:	Middle Name:	Last Name:	
Address #:	Street Name:		Apartment #:
City:	State:	Zip Code:	Phone #:
Employer Name:		Street Address:	
City:	State:	Zip Code:	Phone #:

Law Enforcement Officer Killed or Assaulted (LEOKA)

Incident #:	CAD #:
Agency Name:	Agency ORI:

Vehicle Assignment:

- ☐ F - Two Man Vehicle (Uniformed Officer)
- ☐ G - One Man Vehicle (Uniformed Officer Alone)
- ☐ H - One Man Vehicle (Assisted)
- ☐ I - Detective Special Assignment (Alone)
- ☐ J - Detective Special Assignment (Assisted)
- ☐ K - Other (Alone)
- ☐ L - Other (Assisted)

If law enforcement official from ***another jurisdiction*** is involved, please provide the official's agency and ORI. (Cannot be your agency.)

Circumstances/Activity Type:

- ☐ 01 - Responding to Disturbance Calls
- ☐ 02 - Burglaries in Progress or Pursuing Burglary Suspects
- ☐ 03 - Robberies in Progress or Pursuing Robbery Suspects
- ☐ 04 - Attempting Other Arrests
- ☐ 05- Civil Disorder (riot, mass disobedience)
- ☐ 06 - Handling, Transporting, Custody of Prisoners
- ☐ 07 - Investigating Suspicious Persons or Circumstances
- ☐ 08 - Ambush - No Warning
- ☐ 09 - Handling Persons with Mental Illness
- ☐ 10 - Traffic Pursuits and Stops
- ☐ 11 - All Other

Officer Involved Shooting Information

Incident #:		CAD #:	LEOKA Incident?: ☐ Yes ☐ No
Officer Sequence #:	Officer's Years on Force:	Incident Level: ☐ Felony ☐ Misdemeanor	Multi-Agency?: ☐ Yes ☐ No

Officer's Assignment Type:

- ☐ U - Uniform
- ☐ P - Plain Clothes
- ☐ S - Special Assignment

Number of Shots Fired by Law Enforcement:

Distance between Law Enforcement and Suspect (in ft.):

Officer's Weapon Type:

- ☐ 11 - Firearm (type unknown)
- ☐ 12 - Handgun
- ☐ 13 - Rifle
- ☐ 14 - Shotgun
- ☐ 15 - Other Firearm (machine gun, bazooka, etc.)