

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 1 2 3 4 5 6 7	
38 Occurred to MM/DD/YY			39 Time of Event : : AM PM MIL		40 Day of Week S M T W T F S 1 2 3 4 5 6 7	
42 Type Criminal Activity B Buying/Receiving C Cultivating/Manu D Distributing/Selling E Exploiting Children O Operating/Promoting P Possessing/Concealing T Transporting/Importing U Using/Consuming			43 Victim Type I Individual F Financial (Bank) R Religious Org S Society B Business G Government			
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	
<input type="checkbox"/> Continued on Supplement						
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 Area Stolen <input type="checkbox"/> Business <input type="checkbox"/> Rural <input type="checkbox"/> Residence <input type="checkbox"/> Rural <input type="checkbox"/> Residence		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
57 Vehicle Description		58 Vehicle Style Top Bottom		59 Vehicle Color		60 License
61 LST		62 LIY		63 Tag Color		
64 Vehicle VIN Number			65 Warrant Signed <input type="checkbox"/> Yes <input type="checkbox"/> No Warrant Number			
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
72 Case #		73 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"/>		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		79 Reporting Officer Officer ID Number		
Date (MM/DD/YY)		NIC/AIN #:		80 Assisting Officer Officer ID Number		
				81 Supervisor Approval Officer ID Number		
				82 Watch Commander Officer ID Number		

EVENT

PROPERTY

VEHICLES

ADMINISTRATION

28 Domestic Violence
Yes No

