

ALABAMA UNIFORM INCIDENT/OFFENSE REPORT

1 ORI # A L	2 Date of Report	3 Time of Report : : AM PM MIL	4 Type Report <input type="checkbox"/> Incident <input type="checkbox"/> Offense <input type="checkbox"/> 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	13 State Code/Local Ordinance														
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	17 State Code/Local Ordinance														
18 Place of Occurrence <input type="checkbox"/> Check here if event occurred at victim's residence 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.				Victim Demographics (Where victim is an individual)															
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	23 Age												
24 Offender Suspected of Using <input type="checkbox"/> Alcohol <input type="checkbox"/> Computer Equipment <input type="checkbox"/> Drugs <input type="checkbox"/> N/A				25 <input type="checkbox"/> Juvenile Gang <input type="checkbox"/> Adult Gang <input type="checkbox"/> None/Unknown	26 Hate Bias <input type="checkbox"/> Yes <input type="checkbox"/> No	27 Bias Code													
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		32 Lighting 1 Natural 2 Moon 3 Artificial Exterior 4 Artificial Interior 5 Unknown													
33 Weather 1 Clear 2 Cloudy 3 Rain 4 Fog 5 Snow 6 Hail 7 Unknown		34 Location Type (Circle) 01 Terminal 02 Bank 03 Bar 04 Church 05 Commercial 06 Construction 07 Conv Store 08 Dept Store 09 Drug Store 10 Field/Woods 11 Govt/Public Building 12 Supermarket 13 Highway/Street 14 Hotel/Motel 15 Jail/Prison 16 Lake/Waterway 17 Liquor Store 18 Parking Lot/Garage 19 Storage Facility 20 Residence/Home 21 Restaurant 22 School/College 23 Service/Gas Station 24 Specialty Store 25 Other/Unknown																	
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		41 # Premises Entered (Burglary)							
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 B Business F Financial (Bank) G Government R Religious Org 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 R Recovered D Damaged/Destroyed C Confiscated/Seized B Burned F Forged/Counterfeited N None				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		Residence <input type="checkbox"/> Residential <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"/> Stolen <input type="checkbox"/> Victim's Vehicle <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		59 Vehicle Color Top Bottom		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											

28 Domestic Violence
Yes No

