

TIBRS Incident Report

ORI # Incident # CAD #

Incident Date Incident Time Incident Date is:

Address # Street Name Apt./Suite #

City State Zip Code Zone

Latitude Longitude Officer

Arrival Date Arrival Time Cleared by:

Exceptional Clearance Ex. Clearance Date Cargo Theft? Officer Involved Shooting?

Investigated by Outside Agency

Offense # 1

T.C.A. Offense TIBRS Offense Code

Bias Motivation Anti- Location

Note: For additional bias entries, use Supplemental Bias Motivation form.

Offense Status Offender Suspected of Using: (check all that apply)

Identity Theft Flag N/A Alcohol Drugs Computer Equipment

For Burglary Offense Only: Home Invasion? Entry Method? # of Premises (Hotel/Motel/Rental Storage)

Weapons: (Required for 09A, 09B, 09C, 09D, 100, 11A, 11B, 11C, 11D, 120, 13A, 13B, 64A, 64B, 210 & 520 Offenses)
(Check up to three) Automatic? Check Box if yes.

- | | | |
|---|--------------------------|---|
| <input type="checkbox"/> Firearm-Type Unknown | <input type="checkbox"/> | <input type="checkbox"/> Poison |
| <input type="checkbox"/> Handgun | <input type="checkbox"/> | <input type="checkbox"/> Explosives |
| <input type="checkbox"/> Rifle | <input type="checkbox"/> | <input type="checkbox"/> Fire/Incendiary Device |
| <input type="checkbox"/> Shotgun | <input type="checkbox"/> | <input type="checkbox"/> Drugs/Narcotics/
Sleeping Pills |
| <input type="checkbox"/> Other Firearm | <input type="checkbox"/> | <input type="checkbox"/> Asphyxiation |
| <input type="checkbox"/> Knife/Cutting Instrument | <input type="checkbox"/> | <input type="checkbox"/> Other |
| <input type="checkbox"/> Blunt Object | <input type="checkbox"/> | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Motor Vehicle | <input type="checkbox"/> | <input type="checkbox"/> None |
| <input type="checkbox"/> Personal Weapons | <input type="checkbox"/> | |

Criminal Activity (check up to three)
Required for 250, 280, 35A, 35B 39C, 370, 520,720

- | | |
|---|---|
| <input type="checkbox"/> Buying/Receiving | <input type="checkbox"/> Simple/Gross |
| <input type="checkbox"/> Distributing/Selling | <input type="checkbox"/> Intentional Abuse and
Torture |
| <input type="checkbox"/> Using/Consuming | <input type="checkbox"/> Organized |
| <input type="checkbox"/> Exploiting Children | <input type="checkbox"/> Animal Sexual Abuse |
| <input type="checkbox"/> Possessing/Concealing | |
| <input type="checkbox"/> Operating/Promoting/Assisting | |
| <input type="checkbox"/> Transporting/Transmitting/
Importing | |
| <input type="checkbox"/> Cultivating/Manufacturing/
Publishing/Producing | |

Gang Involvement? Type of Gang Involvement?

1st Gang Name? 2nd Gang Name?

Offense # 1 (continued)

Gang Involvement? Type of Gang Involvement?

1st Gang Name? 2nd Gang Name?

1st Gang Type 2nd Gang Type

Drug Related? Suspected Drug Type (check one)

Origin of Drug (check one) Methamphetamine Lab
Precursor (check one)

Offense #2

T.C.A. Offense TIBRS Offense Code

Bias Motivation Anti- Location

Offense Status Offender Suspected of Using: (check all that apply)

Identity Theft Flag N/A Alcohol Drugs Computer Equipment

For Burglary Offense Only: Home Invasion? Entry Method? # of Premises (Hotel/Motel/Rental Storage)

Weapons: (Required for 09A, 09B, 09C, 09D, 100, 11A, 11B, 11C, 11D, 120, 13A, 13B, 64A, 64B, 210 & 520 Offenses)
(Check up to three) Automatic? Check Box if yes.

- | | | |
|---|--------------------------|---|
| <input type="checkbox"/> Firearm-Unknown type | <input type="checkbox"/> | <input type="checkbox"/> Poison |
| <input type="checkbox"/> Handgun | <input type="checkbox"/> | <input type="checkbox"/> Explosives |
| <input type="checkbox"/> Rifle | <input type="checkbox"/> | <input type="checkbox"/> Fire/Incendiary Device |
| <input type="checkbox"/> Shotgun | <input type="checkbox"/> | <input type="checkbox"/> Drugs/Narcotics/
Sleeping Pills |
| <input type="checkbox"/> Other Firearm | <input type="checkbox"/> | <input type="checkbox"/> Asphyxiation |
| <input type="checkbox"/> Knife/Cutting Instrument | <input type="checkbox"/> | <input type="checkbox"/> Other |
| <input type="checkbox"/> Blunt Object | <input type="checkbox"/> | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Motor Vehicle | <input type="checkbox"/> | <input type="checkbox"/> None |
| <input type="checkbox"/> Personal Weapons | <input type="checkbox"/> | |

Criminal Activity (check up to three)
Required for 250, 280, 35A, 35B, 39C, 370, 520, 720

- | | |
|---|---|
| <input type="checkbox"/> Buying/Receiving | <input type="checkbox"/> Simple/Gross |
| <input type="checkbox"/> Distributing/Selling | <input type="checkbox"/> Intentional Abuse and
Torture |
| <input type="checkbox"/> Using/Consuming | <input type="checkbox"/> Organized |
| <input type="checkbox"/> Exploiting Children | <input type="checkbox"/> Animal Sexual Abuse |
| <input type="checkbox"/> Possessing/Concealing | |
| <input type="checkbox"/> Operating/Promoting/Assisting | |
| <input type="checkbox"/> Transporting/Transmitting/
Importing | |
| <input type="checkbox"/> Cultivating/Manufacturing/
Publishing/Producing | |

Gang Involvement? Type of Gang Involvement?

1st Gang Name? 2nd Gang Name?

1st Gang Type 2nd Gang Type

Offense #2 (continued)

Drug Related?

Suspected Drug Type (check one)

Origin of Drug (check one)

Methamphetamine Lab
Precursor (check one)

Property

Loss Information:

Item #	Loss Type	Description	Qty.	Value	Serial #
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Recovery information

Item #	Description	Date	Qty.	Value
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Property (continued)

Vehicle Information #1

License # State Style Year Make
Model Color VIN # Parts Stolen?

Description

Vehicle Information #2

License # State Style Year Make
Model Color VIN # Parts Stolen?

Description

Drug Information

Drug 1 Quantity Measure
Drug 2 Quantity Measure
Drug 3 Quantity Measure

For Marijuana and Measure is Number of Plants Location Found # Plots Latitude Longitude

Offender/Arrestee #1

Arrested State Control # DOB Age Range
Sex Race Ethnicity Resident Status
First Name Middle Name Last Name
1st Alias 2nd Alias
Address # Street Name Apt./Suite #
City State Zip Code Phone #

Offender/Arrestee #1 (continued)

SSN Driver License/OLN # State

Height (FT) (IN) Weight Eye Color Hair Color

1st SMT 2nd SMT

3rd SMT 4th SMT

Clothing Description

TIBRS Arrest Offense Arrest Date Type of Arrest

Arrest Transaction # T.C.A. Statute

Arrestee Armed with at Time of Arrest:
(Check up to two Automatic? Check Box if yes.)

T.C.A. Statute Offense

- | | | |
|---|--------------------------|--|
| <input type="checkbox"/> Handgun | <input type="checkbox"/> | <input type="checkbox"/> Unarmed |
| <input type="checkbox"/> Rifle | <input type="checkbox"/> | <input type="checkbox"/> Knife/Cutting Instrument |
| <input type="checkbox"/> Shotgun | <input type="checkbox"/> | <input type="checkbox"/> Club, Blackjack, Brass Knuckles |
| <input type="checkbox"/> Other Firearm | <input type="checkbox"/> | |
| <input type="checkbox"/> Firearm-Type Unknown | <input type="checkbox"/> | Multiple Clearance Data <input type="text"/> |

Juvenile Disposition

Warrant Signed By

Previous Domestic Violence Arrests?

Offender/Arrestee #2

Arrested State Control # DOB Age Range

Sex Race Ethnicity Resident Status

First Name Middle Name Last Name

1st Alias 2nd Alias

Address # Street Name Apt./Suite #

City State Zip Code Phone #

SSN Driver License/OLN # State

Offender/Arrestee #2

Height (FT) (IN) Weight Eye Color Hair Color

1st SMT 2nd SMT

3rd SMT 4th SMT

Clothing Description

TIBRS Arrest Offense Arrest Date Type of Arrest

Arrest Transaction # T.C.A. Statute

Arrestee Armed with at Time of Arrest:
(Check up to two Automatic? Check Box if yes.)

T.C.A. Statute Offense

- | | | |
|---|--------------------------|--|
| <input type="checkbox"/> Handgun | <input type="checkbox"/> | <input type="checkbox"/> Unarmed |
| <input type="checkbox"/> Rifle | <input type="checkbox"/> | <input type="checkbox"/> Knife/Cutting Instrument |
| <input type="checkbox"/> Shotgun | <input type="checkbox"/> | <input type="checkbox"/> Club, Blackjack, Brass Knuckles |
| <input type="checkbox"/> Other Firearm | <input type="checkbox"/> | |
| <input type="checkbox"/> Firearm-Type Unknown | <input type="checkbox"/> | Multiple Clearance Data <input type="text"/> |

Juvenile Disposition

Warrant Signed By

Previous Domestic Violence Arrests?

Victim # 1

Offense #1 Offense #2

Offense #3 Offense #4

Victim Type Sex Race

Resident Status Ethnicity Age Range

Age Category D.O.B.

College Student On Campus Name of College

Domestic Violence Transported to Safety Violation of Order of Protection

Victim # 1 (continued)

First Name Middle Name Last Name

Address # Street Name Apt./Suite

City State Zip Phone #

Alt. Phone # SSN #

Driver License/OLN State

Height (FT) IN Weight Eye Color Hair Color

1st SMT 2nd SMT

3rd SMT 4th SMT

Employer

Address # Street Name

City State Zip Phone #

Injuries (Check up to Five)

- None
- Broken Bones
- Possible Internal Injury
- Severe Laceration
- Minor Injuries
- Other Major Injury
- Loss of Teeth
- Unconsciousness

Homicide/Aggravated Assault Circumstances (Check up to two)

- Argument
- Assault on Law Official
- Drug Dealing
- Gangland
- Juvenile Gang
- Lover's Quarrel
- Mercy Killing
- Other Felony Involved
- Other Circumstances
- Unknown Circumstances

Justifiable Homicide Code

Additional Justifiable Homicide Codes

Negligent Manslaughter Circumstances

Victim Relationship to Offender(s)

Offender #1

Offender #2

Offender #3

Offender #4

Previous Domestic Violence Victim?

Victim #2

Offense #1

Offense #2

Offense #3

Offense #4

Victim Type

Sex

Race

Resident Status

Ethnicity

Age Range

Age Category

D.O.B.

College Student

On Campus

Name of College

Domestic Violence

Transported to Safety

Violation of Order of Protection

First Name

Middle Name

Last Name

Address #

Street Name

Apt./Suite

City

State

Zip

Phone #

Alt. Phone #

SSN #

Driver License/OLN

State

Height (FT) IN

Weight

Eye Color

Hair Color

1st SMT

2nd SMT

3rd SMT

4th SMT

Employer

Address #

Street Name

City

State

Zip

Phone #

Victim #2 (continued)

Injuries (Check up to Five)

- None
- Broken Bones
- Possible Internal Injury
- Severe Laceration
- Minor Injuries
- Other Major Injury
- Loss of Teeth
- Unconsciousness

Homicide/Aggravated Assault Circumstances (Check up to two)

- Argument
- Assault on Law Official
- Drug Dealing
- Gangland
- Juvenile Gang
- Lover's Quarrel
- Mercy Killing
- Other Felony Involved
- Other Circumstances
- Unknown Circumstances

Justifiable Homicide Code

Additional Justifiable Homicide Codes

Negligent Manslaughter Circumstances

Victim Relationship to Offender(s)

Offender #1

Offender #2

Offender #3

Offender #4

Previous Domestic Violence Victim?

Complainant

First Name

Middle Name

Last Name

Address #

Street Name

Apt./Suite

City

State

Zip

Phone #

Alt. Phone #

Employer

Address #

Street Name

City

State

Zip

Phone #

Witness #1

First Name Middle Name Last Name

Address # Street Name Apt./Suite

City State Zip Phone #

Alt. Phone #

Employer

Address # Street Name

City State Zip Phone #

Witness #2

First Name Middle Name Last Name

Address # Street Name Apt./Suite

City State Zip Phone #

Alt. Phone #

Employer

Address # Street Name

City State Zip Phone #

Law Enforcement Officer Killed Or Assaulted (LEOKA)

Incident #

CAD #

Vehicle Assignment

Notes: "Other" refers to officers assaulted while in other capacities, such as foot patrol, off duty, etc. "Assisted" refers to law enforcement assistance only.

Circumstances

If law enforcement official involved is from another jurisdiction, please provide the official's agency and ORI.

Agency Name

Agency ORI

Officer Involved Shooting Information

Incident #

CAD #

Officer Sequence #

Officer's Weapon Type

Incident Level?

Multi-Agency?

Officer's Years on Force:

LEOKA Incident?

Number of Shots Fired by Officer

Officer's Type of Assignment

Distance Between Officer and Suspect

Notes: Data should be either exact distance or a range. Data should be entered in whole feet using numeric characters.

Narrative