



UNIFORM INCIDENT SUPPLEMENT

STATE OF NORTH DAKOTA

SFN 16751 (06-05)

INCIDENT/CASE NUMBER

PAGE ____ OF ____

USE OVERLAY # 3 FOR CODING PROPERTY SECTION

P R O P E R T Y	QUANTITY	LOSS CODE	DESCRIPTION			DESC CODE	DRUG TYPE	DRUG MEASURE	VALUE	DATE RECOVERED	NCIC (Y OR N)
										/ /	
										/ /	
										/ /	
										/ /	
										/ /	
										/ /	
										/ /	
										/ /	
										/ /	

V E H I C L E	IMPOUNDED	VCO	VYR	VMK	VMO/VST	LIS	LIY	LIC	
	STOLEN TARGET SUSPECT	OWNER, ETC					VIN		
	OTHER RECOVERED	RECOVERED AT			TOWED TO		TOWED BY		
	SEIZED	STOLEN IN YOUR JURIS? IF NOT, WHERE? YES NO			RECOVERED IN YOUR JURIS? IF NOT, WHERE? YES NO				
	UNKNOWN								

ADDITIONAL VICTIMS

VICTIMS

(USE OVERLAY #2 FOR CODING)

16

17

18

19

20

21

22

23

24

25

V I C T I M S	VICTIM NUMBER OF	TYPE	NAME (LAST, FIRST, MIDDLE)					DOM VIOL			
	ADDRESS		APT#	CITY	STATE	ZIP	PHONE	ASSLT/HOM			
	DOB	AGE	SEX	RACE	ETHNICITY	RESIDENCE	EMPLOYMENT/SCHOOL	ASSLT/HOM			
	VICTIM OF OFFENSE(S)	1	2	3	4	5	VICTIM INJURY (SEE OVERLAY # 2)	1	2	3	J-HOM
	VICTIM NUMBER OF	TYPE	NAME (LAST, FIRST, MIDDLE)					DOM VIOL			
	ADDRESS		APT#	CITY	STATE	ZIP	PHONE	ASSLT/HOM			
	DOB	AGE	SEX	RACE	ETHNICITY	RESIDENCE	EMPLOYMENT/SCHOOL	ASSLT/HOM			
	VICTIM OF OFFENSE(S)	1	2	3	4	5	VICTIM INJURY (SEE OVERLAY # 2)	1	2	3	J-HOM

OFFENDER

1 2 3 4 5

26 VICTIM # _____

OFFENDER

1 2 3 4 5

26 VICTIM # _____

ADDITIONAL SUBJECTS

INCIDENT/CASE NUMBER

SUBJECT DATA	SUBJECT NO OF	THIS SUBJECT IS: (S) SUSPECT (A) ARRESTED/SUMMONED/CITED								INCIDENT/CASE NUMBER
	NAME (IF KNOWN) LAST, FIRST, MIDDLE					ALIAS				AGE OR ESTIMATE TO
	ADDRESS			APT#	CITY	STATE	ZIP	PHONE	SEX	
	DOB	HT	WT	HAIR	EYES	SSN	STATE ID NUMBER	PLACE OF BIRTH	RACE	
	SCARS, MARKS, TATTOOS, ETC						OCCUPATION			ETHNICITY

ARREST DATA	CHARGE				ARREST/SUMMONS DATE	ARREST/SUMMONS TRACKING #	ARR CODE			
	TYPE OF ACTION		RESIDENCE		MULTIPLE CLEARANCES		MULTIPLE CASE CLOSURES		ARMED WITH	ARMED WITH
	TAKEN IN / WARRANT (T)	RESIDENT (R)	NOT APPLICABLE (N)		CASE # _____					
	ON VIEW (O)	NON-RESIDENT (N)	COUNT THIS ARREST (C)		CASE # _____		JUVENILE	INFORMAL (H)		
	SUMM / CITED (S)	UNKNOWN (U)	ARREST COUNTED ON ANOTHER CASE REPORT (M)		CASE # _____		DISP	REFERRED (R)		
IF JUVENILE, PARENT (GUARDIAN) NAME			ADDRESS	CITY	STATE	ZIP	PHONE	DATE REL TO PARENTS		
IF JUVENILE, PARENT (GUARDIAN) NAME			ADDRESS	CITY	STATE	ZIP	PHONE	DATE REL TO PARENTS		

SUBJECT DATA	SUBJECT NO OF	THIS SUBJECT IS: (S) SUSPECT (A) ARRESTED/SUMMONED/CITED								INCIDENT/CASE NUMBER
	NAME (IF KNOWN) LAST, FIRST, MIDDLE					ALIAS				AGE OR ESTIMATE TO
	ADDRESS			APT#	CITY	STATE	ZIP	PHONE	SEX	
	DOB	HT	WT	HAIR	EYES	SSN	STATE ID NUMBER	PLACE OF BIRTH	RACE	
	SCARS, MARKS, TATTOOS, ETC						OCCUPATION			ETHNICITY

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	TYPE OF ACTION		RESIDENCE		MULTIPLE CLEARANCES		MULTIPLE CASE CLOSURES		ARMED WITH	ARMED WITH
	TAKEN IN / WARRANT (T)	RESIDENT (R)	NOT APPLICABLE (N)		CASE # _____					
	ON VIEW (O)	NON-RESIDENT (N)	COUNT THIS ARREST (C)		CASE # _____		JUVENILE	INFORMAL (H)		
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IF JUVENILE, PARENT (GUARDIAN) NAME			ADDRESS	CITY	STATE	ZIP	PHONE	DATE REL TO PARENTS		
IF JUVENILE, PARENT (GUARDIAN) NAME			ADDRESS	CITY	STATE	ZIP	PHONE	DATE REL TO PARENTS		

OTHER	NUMBER OF	NAME (LAST, FIRST, MIDDLE)				DOB	AGE	SEX	RACE
	ADDRESS			APT #	CITY	STATE	ZIP	PHONE	
	NUMBER OF	NAME (LAST, FIRST, MIDDLE)				DOB	AGE	SEX	RACE
	ADDRESS			APT #	CITY	STATE	ZIP	PHONE	

OTHER	NUMBER OF	NAME (LAST, FIRST, MIDDLE)				DOB	AGE	SEX	RACE
	ADDRESS			APT #	CITY	STATE	ZIP	PHONE	
	NUMBER OF	NAME (LAST, FIRST, MIDDLE)				DOB	AGE	SEX	RACE
	ADDRESS			APT #	CITY	STATE	ZIP	PHONE	