

Case Number:		Date Called:		Time Called:	
Operator Number:		Crime Line:		Referral Media:	
Crime Type:					
Crime Address:					
City:		County:		State:	
Date of Crime:		Time of Crime:		Zip Code:	
Company(s) Involved:					
School(s) Involved:					
Are Drugs Involved: <input type="checkbox"/> Yes <input type="checkbox"/> No Which Drugs?:					
Method of Operation:					
Are There Any Weapons: <input type="checkbox"/> Yes <input type="checkbox"/> No What Kind of Weapon:					
Where are the Weapons Kept:					
Are There Any Dogs: <input type="checkbox"/> Yes <input type="checkbox"/> No What Kind of Dog:					
Where are the Dogs Kept:					
Will Caller Call Back: <input type="checkbox"/> Yes <input type="checkbox"/> No Has the Caller Called Before: <input type="checkbox"/> Yes <input type="checkbox"/> No Previous Tip Number:					
Does the Caller Want a Reward: <input type="checkbox"/> Yes <input type="checkbox"/> No					
Suspect #1:		First Name:		Last Name:	
				Middle Name:	
Also Known As (AKA):				Gang Name:	
Suspect #1's Street Address:					
City:		County:		State:	
Age:		Sex:		Race:	
DOB:		Hair Clr:		Eye Clr:	
Height:		Weight:			
Distinguishing Marks:					
Does Suspect Work: <input type="checkbox"/> Yes <input type="checkbox"/> No Where:					
Does Suspect go to School: <input type="checkbox"/> Yes <input type="checkbox"/> No Where:					
Any Hangout: <input type="checkbox"/> Yes <input type="checkbox"/> No Where:					
Does Suspect Use Drugs: <input type="checkbox"/> Yes <input type="checkbox"/> No What Kind:					
Has Suspect Been Arrested Before: <input type="checkbox"/> Yes <input type="checkbox"/> No Describe:					
Vehicle #1 Year:		Make:		Model:	
				Color:	
License Number:		License State:		Vehicle Owner's Name:	

MAJOR CRIME FORM (Continued)

Suspect #2:		First Name:		Last Name:		Middle Name:	
Also Known As (AKA):					Gang Name:		
Suspect #2's Street Address:							
City:		County:		State:		Zip Code:	
Age:	Sex:	Race:	DOB:	Hair Clr:	Eye Clr:	Height:	Weight:
Distinguishing Marks:							
Does Suspect Work: <input type="checkbox"/> Yes <input type="checkbox"/> No Where:							
Does Suspect go to School: <input type="checkbox"/> Yes <input type="checkbox"/> No Where:							
Any Hangouts: <input type="checkbox"/> Yes <input type="checkbox"/> No Where:							
Does Suspect Use Drugs: <input type="checkbox"/> Yes <input type="checkbox"/> No What Kind:							
Has Suspect Been Arrested Before: <input type="checkbox"/> Yes <input type="checkbox"/> No Describe:							
Suspect #3:		First Name:		Last Name:		Middle Name:	
Also Known As (AKA):					Gang Name:		
Suspect #3's Street Address:							
City:		County:		State:		Zip Code:	
Age:	Sex:	Race:	DOB:	Hair Clr:	Eye Clr:	Height:	Weight:
Distinguishing Marks:							
Does Suspect Work: <input type="checkbox"/> Yes <input type="checkbox"/> No Where:							
Does Suspect go to School: <input type="checkbox"/> Yes <input type="checkbox"/> No Where:							
Any Hangouts: <input type="checkbox"/> Yes <input type="checkbox"/> No Where:							
Does Suspect Use Drugs: <input type="checkbox"/> Yes <input type="checkbox"/> No What Kind:							
Has Suspect Been Arrested Before: <input type="checkbox"/> Yes <input type="checkbox"/> No Describe:							
Vehicle #2		Year:	Make:	Model:	Color:		
License Number:			License State:		Vehicle Owner's Name:		
Vehicle #3		Year:	Make:	Model:	Color:		
License Number:			License State:		Vehicle Owner's Name:		
Agency #1:							
Address:							
City:		County:		State:		Zip Code:	
Telephone:		Was Agency Contacted: <input type="checkbox"/> Yes <input type="checkbox"/> No			Date:		Time:
Contact Persons's Name:							
Agency #2:							
Address:							
City:		County:		State:		Zip Code:	
Telephone:		Was Agency Contacted: <input type="checkbox"/> Yes <input type="checkbox"/> No			Date:		Time:
Contact Persons's Name:							