

ALABAMA UNIFORM INCIDENT/OFFENSE REPORT

1 ORI # AL0630300	2 Date of Report 01/13/18	3 Time of Report 04:56:26	<input type="checkbox"/> AM <input type="checkbox"/> PM <input checked="" type="checkbox"/> MIL	4 Type Report <input type="checkbox"/> Incident <input checked="" type="checkbox"/> Offense <input type="checkbox"/> Supplement	5 Supplement Date	6 Agency Case Number 180113013	7 Suffix		
8 Agency Name UNIV OF ALABAMA POLICE DEPT							9 Sector		
10 Type of Incident or Offense <input type="checkbox"/> Felony <input checked="" type="checkbox"/> Misdemeanor <input type="checkbox"/> Attempted <input checked="" type="checkbox"/> Completed Harassment			11 Degree N		12 UCR Code		13 State Code/Local Ordinance 13A-11-8		
14 Type of Incident or Offense <input type="checkbox"/> Felony <input checked="" type="checkbox"/> Misdemeanor <input type="checkbox"/> Attempted <input checked="" type="checkbox"/> Completed Theft Of Property 4th Degree			15 Degree 4		16 UCR Code		17 State Code/Local Ordinance 13A-8-5		
18 Place of Occurrence <input type="checkbox"/> Check here if event occurred at victim's residence 300 BLOCK OF PAUL W BRYANT DR TUSCALOOSA , AL 35487 <small>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.</small>				Victim Demographics (Where victim is an individual)					
				19 Sex M	20 Race B	21 Ethnicity <input type="checkbox"/> Hispanic <input checked="" type="checkbox"/> Other NHIS		22 Multiple Victims <input type="checkbox"/> LE Officer	23 Age 30
24 Offender Suspected of Using <input checked="" type="checkbox"/> Alcohol <input type="checkbox"/> Computer Equipment		25 Drugs <input type="checkbox"/> N/A		26 Juvenile Gang Adult Gang <input checked="" type="checkbox"/> None/Unknown		27 Hate Bias <input type="checkbox"/> Yes <input type="checkbox"/> No			
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 2 - Moon		33 Weather 1 - Clear		
34 Location Type 14 - Hotel/Motel		35 Occurred from MM/DD/YY 01/13/18		36 Time of Event 02:03:00		37 Day of Week Saturday			
38 Occurred to MM/DD/YY 01/13/18		39 Time of Event 03:19:00		40 Day of Week Saturday					
41 # Premises Entered (Burglary)		42 Type Criminal Activity		43 Victim Type I - Individual					
44 Loss Code S		45 Property Code 77	46 Qty 1	47 Property Description Include Make, Model, Size Type, Serial #, Color, Drug Type, Drug Qty, Etc. CHARGER			48 Dollar Value Stolen \$15.00 Damaged		
							49 Recovered Date 01/13/18 Value \$15.00		
<input type="checkbox"/> Continued on Supplement									
Loss Code (Enter letter in loss code column) N - None B - Burned F - Forged/Counterfeited D - Damaged/Destroyed R - Recovered C - Confiscated/Seized S - Stolen		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 <input type="checkbox"/> Area Stolen <input type="checkbox"/> Residence <input type="checkbox"/> Business <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"/> Victim's Vehicle <input type="checkbox"/> Abandoned <input type="checkbox"/> Stolen <input type="checkbox"/> Suspect's Vehicle <input type="checkbox"/> Unauthorized Use					
53 Veh. 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 <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	75 <input type="checkbox"/> Multiple Cases Closed Listed Above <input type="checkbox"/> Multiple Cases Closed Listed On Supplement		76 Entered ACJIC/NCIC <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date (MM/DD/YY)		77 Case Disposition		78 Exceptional Clearance		
79 Reporting Officer MOYE, C.			104 Officer ID Number	80 Assisting Officer PRESTON, J.		41 Officer ID Number			
81 Supervisor Approval B. DAVIS			78 Officer ID Number	82 Watch Commander Officer ID Number					
NIC/AIN #:									

28 Domestic Violence
 Yes
 No

Original (First Report) Additional (Victims, Witnesses, etc.) Supplemental