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| **OFFENSE/INCIDENT REPORT**  INSTRUCTIONS ARE PRINTED SEPARATELY. IF ADDITIONAL SPACE  IS NEEDED, USE REVERSE OF FORM; IDENTIFY ITEMS. | | | | | | | | | | | | | | | | | | | 1. TYPE  a. ORIGINAL  b. CONTINUATION  c. SUPPLEMENT  OR FOLLOWUP | | | | | | | | | | | | | |
| 2. CODE NO. | | | 2a. SORT | | | | 3. TYPE OF OFFENSE OR INCIDENT | | | | | | | | | | | | | | | | | 4. CASE CONTROL NUMBER | | | | | | | | |
| 5. BUILDING NUMBER | | | | | | | 6. ADDRESS | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7. NAME OF AGENCY/BUREAU | | | | | | | 8. AGENCY/BUREAU CODE | | | | | | 9. SPECIFIC LOCATION | | | | | | | | | | | | | | | | | 10. LOCATION CODE | | |
| 11a. DATE OF OFFENSE/INCIDENT | | | | | | | | | | 11a. TIME OF OFFENSE/INCIDENT | | | | | | | | 12. DAY | 13a. DATE REPORTED | | | | | 13b. TIME REPORTED | | | | | | | | 14. DAY |
| 15. JURISDICTION (X)  EXCLUSIVE  CONCURRENT  PARTIAL  PROPRIETARY | | | | | | | | | | | | | | | 16. NO. OF DEMONSTRATORS | | | | | | 17. NO. EVACUATED | | | | | | | | a. TIME START | | | b. TIME END |
| 18. PERSONS INVOLVED | ID CODE  (a) | | | NAME AND ADDRESS  (b) | | | | | | | | | | | | | | | | | | AGE (c) | | | SEX (d) | | RACE (e) | | | | INJURY CODE (f) | TELEPHONE (g) |
|  | | | Last Name, First, Middle Initial | | | | | | | | | | | | | | | | | |  | | |  | |  | | | |  | HOME |
| Number, Street, Apt. No., City and State | | | | | | | | | | | | | | | | | |  | | | | | | | | | | BUSINESS |
|  | | | Last Name, First, Middle Initial | | | | | | | | | | | | | | | | | |  | | |  | |  | | | |  | HOME |
| Number, Street, Apt. No., City and State | | | | | | | | | | | | | | | | | |  | | | | | | | | | | BUSINESS |
| 19. VEHICLE | a. STATUS | | | | | | | | b. YEAR | | c. MAKE | | | | | | | d. MODEL | e. COLOR *(Top/Bottom)* | | | | | | | f. IDENTIFYING CHARACTERISTICS | | | | | | |
|  | STOLEN | | |  | SUSPECT | | | g. REGIS- TRATION | | ► | YEAR | | STATE | | TAG NO. | | | h. VIN | | | | | | | | | i. VALUE | | | | |
|  | GOV’’T | | |  | PERSONAL | | |
|  | VANDALIZED | | |  | RECOVERED | | |
| 20. ITEMS TAKEN | a. NAME OF ITEM | | | | | | | | | | | b. QUANTITY | | | | c. OWNERSHIP  GOV’T  PERSONAL | | | | d. BRAND NAME | | | | | | | | | | | | |
| e. SERIAL NO. | | | | | | | | | | | f. COLOR | | | | | | | | g. MODEL | | | | | | | | | | | | |
| h. VALUE | | | | | | | i. UNUSUAL OR UNIQUE FEATURES | | | | | | | | | | | | | | | | | | | | | | | | |
| j. PROPERTY WAS  SECURRED  UNSECURED | | | | | | | k. STATUS OF PROPERTY  RECOVERED  MISSING  PARTIAL RECOVERY | | | | | | | | | | | | | | | VALUE RECOVERED | | | | | | | | | |
| l. NAME OF ITEM | | | | | | | | | | | m. QUANTITY | | | | n. OWNERSHIP  GOV’T  PERSONAL | | | | o. BRAND NAME | | | | | | | | | | | | |
| p. SERIAL NO. | | | | | | | | | | | q. COLOR | | | | | | | | r. MODEL | | | | | | | | | | | | |
| s. VALUE | | | | | | | t. UNUSUAL OR UNIQUE FEATURES | | | | | | | | | | | | | | | | | | | | | | | | |
| u. PROPERTY WAS  SECURRED  UNSECURED | | | | | | | v. STATUS OF PROPERTY  RECOVERED  MISSING  PARTIAL RECOVERY | | | | | | | | | | | | | | | VALUE RECOVERED | | | | | | | | | |
| 21. NARRATIVE *(If additional space is needed, use blank sheet and attach.)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| GENERAL SERVICES ADMINISTRATION | | | | | | | | | | | | | | | | | **GSA** FORM **3155** (REV. 3/200) | | | | | | | | | | | | | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 22. NOTIFICATION | | | TIME | | | | | | | | | 23a. EVIDENCE  YES  NO | | | | | | | 23b. TAG NO. | | | 23c. TYPE | | | |
| NOTIFIED | | | | | ARRIVED | | | |
| a. Other Police  Agency | | |  | | | | |  | | | | 23d. WHERE STORED | | | | | | | | | | | | | |
| b. Fire Department | | |  | | | | |  | | | | 24. ATTACHMENTS *(Mark “X” where applicable)* | | | | | | | | | | | | | |
|  | a. CONTINUATION SHEET | | | | | | | | |  | | d. STATEMENT(S) | |
| c. Ambulance | | |  | | | | |  | | | |  | b. GSA FORM 3157 | | | | | | | | |
|  | c. PROPERTY RECEIPT(S) | | | | | | | | |  | | e. SUPPLEMENTAL | |
| d. Building Manager | | |  | | | | |  | | | | f. OTHER ATTACHMENTS *(Specify)* | | | | | | | | | | | | | |
| e. OTHER *(Specify)* | | |  | | | | |  | | | |
| 25. SUSPECT STATUS | | | | | | | | | | | | 26. DISPOSITION OF SUSPECT | | | | | | | | | | | | | |
|  | a. NOT IDENTIFIED | | | | | | | | | | |  | a. ARRESTED | | | | | | | | |  | | b. NOT ARRESTED | |
|  | b. GOVERNMENT EMPLOYEE | | | | | | | | | | |  | c. RELEASED | | | | | | | | |  | | d. N/A | |
|  | c. GOVERNMENT CONTRACT | | | | | | | | | | |  | d. CITATION ISSUED | | | | | | | | ► | CITATION NUMBER | | | |
|  | d. NON-GOVERNMENT EMPLOYEE | | | | | | | | | | |
|  | e. N/A | | | | | | | | | | |
| **NOTE: Complete GSA Form 3157 where this is a Suspect, Att. Burglary, Burglary, Att. Robbery, Robbery, or a Weapon is used.** | | | | | | | | | | | | | | | | | | | | | | | | | |
| 27. TIME | | | | | | | 28. REVIEWED BY | | | | | | | | | | | | | | | | | | |
| a. RECEIVED | | b. ARRIVED | | | | | a. TYPE  FPS  GG | | | b. SIGNATURE | | | | | | | | | | | | | | | d. DATE |
| c. RETURNED TO SERVICE | | | | | | | c. NAME *(Printed)* | | | | | | | | | | | | | | |
| 29a. BADGE | | 29b. NAME *(Printed)* | | | | | | | | | | | | | | | | 29c. SIGNATURE | | | | | | | 29d. DATE |
| 30. CASE REFERRED TO | | | | | | | | | | | | | | 31. CASE | | | | | | 32. APPROVING OFFICIAL | | | | | |
|  | a. FPS DETECTIVE | | |  | | b. LOCAL POLICE | | |  | | c. STATE POLICE | | | a. SIGNATURE | | | | | b. DATE |
|  | d. FBI | | |  | | e. IG | | |  | | f. N/A | | |  | a. OPEN | | | | |
|  | g. OTHER *(Specify)* | | | | | | | | | | | | |  | b. CLOSED | | | | | c. NAME *(Printed)* | | | | | |
|  | c. UNFOUNDED | | | | |
| 33. DETECTIVE STATUS | | | | | | | | | | | | | | | | | | | | | | | | | |
| a. CASE NUMBER | | | | | b. HOW CLOSED  INACTIVE  ARREST  OTHER MEANS | | | | | | | | | | | c. SUSPECT  DEVELOPED  ARRESTED | | | | | | | d. ENTERED NCIC  YES  NO  N/A | | |
|  | e. PROPERTY  RECOVERED | | | | f. VALUE OF PROPERTY | | | | | | | | | | | g. CLEARED NCIC  YES  NO  N/A | | | | | | | h. REFERRED TO | | |
| i. DATE REFERRAL ACCEPTED | | |
| 21. NARRATIVE *(If additional space is needed, use blank sheet and attach.)* | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | **GSA** FORM **3155** (REV. 3/200) **PAGE 2** | | | | | | | | |