

**SACRAMENTO
POLICE
DEPARTMENT**

REPORT

WRITING

MANUAL

RM 524.02



DEPARTMENT OF
POLICE

CITY OF SACRAMENTO
CALIFORNIA

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TO: ALL PERSONNEL

Proper documentation of our actions is mandated by law. The purpose of the Report Writing Manual is to establish guidelines to facilitate uniform completion of police report forms.

It shall be the policy of the Sacramento Police Department that all forms and reports conform to the instructions and guidelines outlined in this manual.

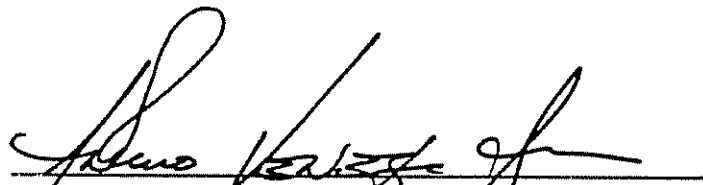

ARTURO VENEGAS, JR.
CHIEF OF POLICE

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FOREWORD

To prepare Police Reports of high quality, employees must effectively combine interviewing, investigative and writing skills with knowledge of the people who are in the justice system.

Successful interviews require knowledge of laws and policies, methods to keep people focused and techniques to detect deception.

Investigation is the product of curiosity, diligence and objectivity.

Knowledge of the justice system begins with an awareness of the responsibilities and capabilities of the various functional units within the Department and extends to an understanding of the roles played by other members of the justice community. The better writers know about the people who will read the Police Report, what information the various readers need and what they will do with it. Writers who master all these elements will be able to produce Police Reports which are factual, accurate, objective and clearly written. More important, they will be able to produce Police Reports which are supportive of the duties and responsibilities of those of read them.

INTRODUCTION

The Report Writing Manual, RM 524.02, has been prepared to provide employees with basic information to enable them to prepare Police Reports which are factual, accurate, objective, and clearly written. Because the entire justice system must rely on our accounts of events and circumstances which affect the lives and livelihood of our citizens, Police Reports are the most significant documents we prepare.

Police Reports must be factual. Facts assert and verify the truth. Police Reports may contain opinions and conclusions, but they must clearly identify opinions and conclusions as either those of the person being interviewed or of the employee.

Police Reports must be accurate. Decisions to arrest, search or otherwise suspend freedoms continuously hinge on facts and evidence documented in Police Reports. Determinations of how to properly protect the community or equitably settle controversy are based on information contained in Police Reports.

Police Reports must be objective. Our contribution to truth and fairness in the justice system is most often expressed in our Police Reports. Impartiality to all members of the community is paramount to professionalism and must be reflected in our Police Reports.

Police Reports must be clearly written. Time wasted by any employee on problems created by substandard Police Reports is time not spent providing essential services to other employees or the public.

Because we constantly prepare a high volume of Police Reports, it is appropriate that we be evaluated on their quality. Our written work product is the foundation of our reputation among our peers. This applies to the Department as a member of the justice community, as well as to each of us as individuals. We must, therefore, as individuals and a Department, set and maintain standards for Police Reports which are reflective of their importance to the citizens we serve. This manual is intended to establish such a standard.

CHAPTER I—THE CRIME REPORT—GENERAL INFORMATIONI. PURPOSE OF THE CRIME REPORT FORM

- A. The Crime Report (SPD 100) is used as:
1. a Crime Report.
 2. a Casualty Report.
 3. both, if the information represents the result of a single occurrence or a single sequence of events.
- B. When used as a Crime Report, the preparation of the form is usually the first phase of a written criminal investigation. The report is the primary method of recording criminal offenses occurring in the City of Sacramento. It is the primary vehicle for transmitting criminal information among the various units within our Department and the criminal justice system.
- C. When used as a Casualty Report, the Crime Report form is used to record certain casualties, injuries or deaths that may be of significant interest to the Department or to the City of Sacramento. The Casualty Report shall be prepared in circumstances where:
1. employees administer first aid or transport an injured or ill subject to a hospital, or request a subject be transported to a hospital.
 2. a death occurred in a place other than a hospital.
 3. officers initiated a detention due to mental illness (5150 W&I, 5170 W&I).
 4. the injury was a result of suspicious circumstances or criminal action.
 5. the City might incur a liability.
 6. an injury or death resulted from an accident on city property or in a city vehicle.

Example: A woman falls down the stairs at a City Library because of a loose heel on her shoe. She suffers a knee injury and says she will visit her family physician for treatment. She says she does not want to make a report because she was aware that she had

CHAPTER I--THE CRIME REPORT--GENERAL INFORMATION

a loose heel and that her injury is not the City's fault. The employee shall politely explain that the Department requires that a Casualty Report must be taken and that the citizen's cooperation would be appreciated. The documented facts and statements are necessary if the citizen later decides to file a lawsuit against the City claiming that her injury was caused by the negligent maintenance of the stairway, i.e., wax was on the stairs, a loose handrail, an obstruction caused her to slip. If the citizen is adamant in not cooperating, the employee shall complete the report and document the refusal to cooperate.

II. WHEN TO WRITE A CRIME REPORT

A. General Rule: A Crime Report shall be prepared to document any crime, or suspected crime, regardless of kind or degree.

1. Exceptions

- a. If the crime is outside the jurisdiction of the Department, it shall be documented in an Incident/Information Report or by the agency of jurisdiction.
- b. Auto Theft is reported on a Motor Vehicle Report due to computerized Vehicle System (SVS) requirements. See MULTIPLE OFFENSES on the next page.
- c. Vehicle Code violations committed by drivers are documented in a Traffic Collision Report, DUI Intox Summary Report or Notice to Appear.

2. Vehicular Manslaughter is documented in both a Crime Report and a Traffic Collision Report. Each shall be assigned its own report number, due to statistical reporting requirements.

B. Request for Warrant

1. A Crime Report is required whenever an Arrest Warrant is requested for the violation of any law or ordinance with the exception of any vehicle code violation which is documented on a Traffic Collision Report, DUI Intox Summary Report, or Motor Vehicle Report.
2. The District Attorney will not issue a warrant unless the charge has been fully documented.

CHAPTER I--THE CRIME REPORT--GENERAL INFORMATION

- C. Non-Driving Vehicle Code Violations: A Crime Report shall be prepared for non-driving VC violations.

Examples: 23110 VC--throwing a missile at a vehicle

4463 VC--falsifying registration

- D. Non-Traffic Arrests:

1. A Crime Report shall be prepared whenever a non-traffic arrest is made.

2. Exceptions: Do not prepare a Crime Report whenever an arrest is made exclusively for:

a. 647(c) PC (begging). If committed in an officer's presence, only an Arrest Report is required. (Citizen's Arrests do require a Crime Report).

b. 647(f) PC (drunk in public). It only requires an Adult Inebriate Arrest/Patient Report.

c. 601 Welfare and Institutions Code (W&I) (status offenders) requires only an Acceptance of Custody Report.

d. booking a suspect for the charge of 1551.1 PC/Fugitive from Justice, based on an out-of state warrant. Obtain a Report Number and enter it on both the Arrest Report and the Probable Cause Declaration. Take your copy of the PC and submit it, with the Page 2 of the Arrest Report, to the Records Section.

e. arrests made for outside agencies within the State of California.

III. MULTIPLE OFFENSES

- A. If there is a separation of time and place between the commission of several crimes, each of the crimes shall be documented on a separate Crime Report.

- B. Auto Theft must always be reported separately on a Motor Vehicle Report form, with its own report number, regardless of its relationship to other crimes.

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- C. When complex situations indicate that several crimes have been committed during the course of one distinct operation, only one Crime Report shall be prepared to report all of the crimes.
- D. When multiple crimes are committed by a person or a group of persons at the same time, or during a continuing sequence of events, only one Crime Report shall be prepared to document all of the crimes.
- E. Crime Reports that document multiple crimes must be classified by the highest crime that appears on the Uniform Crime Reporting Handbook (UCR) list of Part I crimes.
1. The victim of the highest offense will be listed as the primary victim.
 2. One Crime Report may list several businesses and persons as victims.
- F. Affect on Prosecution: The process of classifying a report by the most severe crime does not affect the number of crimes for which the suspect(s) may be charged or prosecuted. Therefore, document each lesser Part I and Part II offense in the Crime Report narrative.

Example: A subject is arrested for 594 (b) (4) PC (misdemeanor vandalism). At the booking area, the officer discovers an 11350 H&S (felony possession of narcotics) violation.

Both crimes are deemed to have been committed during one continuous act of criminal conduct. The delayed discovery of the narcotics violation does not constitute a separation of time and place between the commission of the two offenses.

One Crime Report, classified 11350 H&S, shall document both crimes. 594(b) (4) PC is a secondary charge.

Example: Suspect enters a bank armed with a handgun and robs the bank. During the commission of the robbery, the suspect strikes a teller with the butt of the gun. The suspect then runs from the bank and steals an automobile parked at the curb.

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All three crimes occurred in a continuous sequence of events. One Crime Report is prepared to report the robbery of the bank and the AWDW against the teller. The report is classified 211 PC because robbery is the more severe offense. A separate Motor Vehicle Report must be prepared for the auto theft.

IV. MULTIPLE BURGLARIES

A. Hotel-Transient Rule

1. According to the UCR, the burglaries of hotels, motels, lodging houses, etc., are to be counted under the principle of the "Hotel-Transient Rule."
2. This rule is used when a number of dwelling units under a single manager are burglarized and the offenses are most likely to be reported to the police by the manager, instead of by individual tenants.
3. For statistical purposes, these burglaries are classified as one crime. On one Crime Report, the business shall be listed as the victim. Its owner or agent shall be listed as the Reporting Person and the tenants as additional victims.

B. Rented and Leased Premises: When individual living areas or commercial spaces in a building are rented or leased for extended periods of time, the tenancy is not transient, and burglaries shall be counted and reported separately, such as:

1. burglaries of multiple apartments in an apartment house.
2. multiple business offices in a commercial building complex.
3. offices of separate businesses within one building.

V. WHAT INFORMATION SHALL BE INCLUDED

- A. The standard for inclusion of information in a Crime Report is not the admissibility of evidence at trial, but whether the information is material to the investigation.

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- B. A detailed account, not an outline, is required. All material information known shall be recorded.
- C. All discoverable information shall be included.
1. Discoverable information: Any data or documents which one party to a legal action must disclose to the opposing party, either prior to or during a legal proceeding.
 - a. This includes both admissible evidence and information that might lead to the discovery of admissible evidence.
 - b. All material evidence and information is discoverable whether it relates to the question of guilt, to matters relevant to punishment or to credibility of witnesses.
 2. The court may invoke sanctions when the District Attorney fails to promptly disclose material information to the defense, whether the failure is intentional, inadvertent, or negligent. Possible sanctions for non-disclosure of discoverable matter includes:
 - a. exclusion from evidence if the matter is incriminating.
 - b. dismissal if it is exculpatory.
 3. Defendant's right to discovery extends not only to evidence and information in the possession of, or known to, the District Attorney, but also to evidence and information in the possession of, or known to, other agencies in the criminal justice system.
 4. Information shall be disclosed although it may not be in a written report. All pertinent information known to the District Attorney or our Department is discoverable, even though it has never been reduced to writing.
 5. All information that is material to an investigation shall be included in the Crime Report, such as casual talk or "off the record" statements made by a suspect.
- D. All exculpatory information, i.e., statements, evidence, or information which clears, or tends to clear, a subject of responsibility for a crime, shall be included.

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Example: One suspect made a statement exculpating another by stating he did not do anything.

Example: An eyewitness attempted an identification from a lineup, but was unable to identify the suspect.

Example: Attempts to match the suspect's fingerprints with latent fingerprints found at the scene were unsuccessful.

E. Negative information must be included.

Example: A tape recording of a statement or conversation was attempted, but the tape is unintelligible.

Example: A neighborhood canvas revealed no witnesses.

F. The report shall reflect as much identifying information as possible of all known witnesses who may have material information. This includes, but is not limited to:

1. those not located or interviewed
2. other Department employees
3. "Ride-Alongs"
4. firefighters and ambulance crews.

G. No material information shall be omitted from the report because of the apparent strength of the case.

Example: The arrestee confesses to the armed robbery. The officer assumes the case is "solid" because of the confession. The officer must still identify, locate and interview witnesses in case the confession is ruled inadmissible.

VI. GRAMMAR AND STYLE

A. All reports shall be written in the first person.

Example: I entered the bedroom and saw... I then looked under the bed and...

B. Crime Reports shall be written in the active tense; never in the passive tense.

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Don't write: A shotgun was seen in the car on the floor in the front seat area.

Write: I, Officer T. Smith, saw a shotgun in the car...

Don't write: Jones was heard to whisper to Smith that Jones would "take the rap" for Smith.

Write: I, Officer Jones, heard Jones whisper to Smith...

- C. The use of pronouns (he, she, they, etc.) must be minimized. Use proper names instead.

Don't write: He stated that he fired a shot at him.

Write: Witness Jones stated, "I saw Smith fire a shot at Green."

- D. Police cliches shall not be used.

Don't write: Officer alighted from the vehicle.

Write: I got out of the car.

- E. Employees shall not use police radio codes in a report.

Don't write: I responded to a 923.

Write: I responded to an indecent exposure call.

VII. REPORTING THE FACTS

- A. The Crime Report must recount facts, not conclusions. When conclusions or opinions are included, the basis for them must be clearly set forth.

Incorrect: Suspect simulated a weapon. (This is really the officer's conclusion drawn from a factual witness's statement).

Correct: The suspect had his hands in his pocket. There was an object protruding from his pocket which could have been a weapon. (This reflects only what the witness states was seen).

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Incorrect: Suspect consented to a search. (This is the officer's legal conclusion).

Correct: I, Officer R. Jones, then asked, "May I search your garage?" The suspect replied, "Sure, go ahead. I have nothing to hide." (This reflects exactly what the officer and the suspect said). Note: The best procedure would be to use the Consent to Search (SPD 132).

- B. In multiple suspect cases, the report shall be written in terms of individual, not joint guilt.

Incorrect: I, Officer Brown, saw the two suspects, later identified as Smith and Jones, standing in the victim's living room. They were filling a bag with property.

Correct: I, Officer Brown, saw suspects Smith and Jones standing in the victim's living room. Smith handed a radio to suspect Jones, who placed the radio into a black bag.

VIII. INJURIES

- A. Detectives and the District Attorney need injury data:

1. to prove guilt
2. to evaluate the case for what charges to file
3. for sentencing and/or plea bargaining.

- B. The report shall describe, in detail, the nature and extent of the victim's injuries, and how the injuries were received.

1. If a victim claims injuries, but none are visible, the claim shall be documented in the report.
2. Photographs shall be taken as provided in Department Orders.
3. Obtain a medical release signature (SPD 152) from victims who were treated at a hospital. This allows Detectives and/or the District Attorney to obtain hospital records without a subpoena.

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4. State law requires notification regarding financial aid benefits be made to victims of violent crimes. Refer to Department Orders regarding form SPD 187.
- C. The report shall describe, in detail, the nature and extent of the suspect's injuries, and how the injuries were received.
1. If a suspect claims injuries, but none are visible, the claim shall be documented in the report.
 2. Photographs shall be taken as provided in Department Orders.
 3. Documentation requirements for the use of force and/or weapons by officers are provided in Department Orders.
 4. Proper documentation of the suspect's injuries, supplemented by photographs, may indicate the:
 - a. suspect's guilt
 - b. suspect's level of violence
 - c. amount of resistance a victim or officer had to overcome.
- D. When an injury is reported in a Crime Report, the report will be classified as "Both" in Box 1 of page 1 and a separate Casualty Report is not necessary.

IX. INTERVIEWING

- A. A Crime Report shall indicate what people saw, heard, did or knew.
- B. A Crime Report shall reflect which person(s) can testify to what facts or information.
- C. Detectives, the District Attorney and others who will read the report need to know when, how and why they came to see, hear, act or gain knowledge.
- D. Explain the relationship, or lack of relationship, of the person interviewed to any other involved person(s). Also explain their vantage point and how they gained it.

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Example: Witness Jones stated, "I am victim Smith's neighbor. SMITH asked me to check his house..."

Example: Victim Jones stated, "I was en route home from work. I come this way every night at this time. When I saw there were no lights on at the Arco station, I looked..."

Example: Witness Jones stated, "I have known victim SMITH since high school. He dated my sister, Rose JONES, until he went to Folsom Prison about four years ago..."

Example: Witness Jones stated, "I was on my lunch break eating a hamburger in McDonald's parking lot. I had backed into the space on the west side of the drive-up window. I heard two loud pops, which caused me to look..."

Example: Witness Jones stated, "I was going to my aunt's house on North Avenue, to visit her. I was walking N/B on the E side of May Street just south of Grand, when I saw..."

Example: Victim Jones stated, "I had gone to bed at 2200 hours. I was asleep. The crashing noise woke me up. I didn't know the time or what had happened. Then I heard..."

- E. Indicate whether or not victims or witnesses can identify a suspect(s) they may have seen. If they can, document whether they can identify the suspect(s):
1. by physical characteristics, clothing, or both
 2. from a photograph line-up
 3. from a live line-up
 4. from some other source, such as high school yearbook.
- F. Do not interview one person within the hearing of another involved person. Each person shall be interviewed separately to obtain a statement which is not influenced by others.
- G. Determine how much conversation may have occurred among various victims/witnesses before you start interviewing.
- H. Use specific questions to separate first hand knowledge of each from their pool of knowledge.

CHAPTER I--THE CRIME REPORT--GENERAL INFORMATIONX. RULES OF FORM COMPLETION

All reports shall be completed with BLACK ball-point pen.

A. All applicable boxes shall be completed, if possible. If not possible, indicate the reason as:

1. NONE--such as for people with work phone.
2. REFUSED--when the person refused to provide the information.
3. UNKNOWN--cannot be obtained or is not available. Explain the reason in the body of the report.

B. This does not mean every box must be completed. For example, if the State of California is the victim, the remaining boxes in the victim section do not apply.

C. Juveniles: Whenever a Juvenile is a suspect or a victim in a report, place a "X" in the "Juvenile Involved" Box on page 1.

D. Names of Persons

1. Last names shall be entered first, followed by a comma. The first name and middle name(s) follow the comma.

a. No middle name shall be indicated as NMN.

b. Jr., Sr., II or M.D., and so on shall follow as applicable.

Example: McFinn, John Mark, Sr., PhD.

Exceptions:

c. Traffic Collision Reports and Notice to Appear forms require the last name last, followed by Jr. and so on as applicable.

d. In the narrative, the last name is last for ease of reading.

e. Department employees shall be indicated by first initial, last name and the four digit badge/I.D. number.

CHAPTER I—THE CRIME REPORT—GENERAL INFORMATION

2. In the narrative, the last name shall be used each time. If more than one person has the same last name, use first names or initials.

Example: ...suspect Johnson was...

Example: ...suspect Johnson hit victim G. Jones with a...

E. Identifying Information About Persons

1. Complete the boxes with as much detail as possible. Add additional information to the narrative as necessary.
2. In addition to full name, sex, age, date of birth, residence and business addresses and phone numbers, indicate names of employers or schools. State if the person is transient, unemployed and/or a student.
3. List message phones for those who have no phone or to supplement those who do and indicate whose phone it is.
4. Indicate at which phone number and address the person can be reached during the daytime. State if the person travels, works odd shifts, checks in for messages or can be reached at certain times.
5. If complete information is not available, indicate any partial name, nickname, description, address, work place and so on that is known.

F. How to Describe Persons: Descriptions must be uniform, standard, detailed and complete. The following abbreviations and descriptions are to be used when describing persons.

1. Sex: Use F for female and M for male. If the sex is in doubt indicate the apparent sex, followed by a question mark.
2. Race: Describe the person by visual appearance. The apparent race of a person is of paramount importance for future identification. Use the following single letter abbreviations:

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A - Other Asian ⁽¹⁾	H - Hispanic	P - Pacific Islander ⁽³⁾
B - Black	I - Indian	S - Samoan
C - Chinese	J - Japanese	U - Hawaiian
D - Cambodian	K - Korean	V - Vietnamese
F - Filipino	L - Laotian	W - White
G - Guamanian	O - Other ⁽²⁾	X - Unknown
		Z - Asian Indian

(1) Any person who is Asian but whose specific ethnic origin is not known or declared, or if none of the other Asian codes apply. This allows for sight identification by officers.

(2) Any person who cannot be designated as any of the general or specific racial/ethnic groups listed.

(3) Any Pacific Islander who cannot be identified as belonging to one of the listed Pacific Islander racial/ethnic groups such as Samoan, Guamanian, Hawaiian, etc.

3. Age: Use the exact age, if known. Use a span of ages if the exact age is unknown, i.e., 18-25 yrs or 25-30 yrs.

4. Date of Birth: Use two digits each for the month, date and year. January 10th, 1961, shall be entered as 01-10-61.

5. Height: Use the exact height. If not known, obtain an estimate.

Write as 5'10" or as 5'10"-6'1".

6. Weight: Use the exact weight. If not known, obtain an estimate.

Write as 170 or 165-180.

7. Hair: Describe hair style and length as straight, curly, wavy, kinky, greasy, braided, pony tail, shaved, partially shaved, short, shoulder-length, crew-cut, etc. Indicate color, using the listed abbreviations. Dyed hair shall be described.

AUB	Auburn	BLK	Black	BLN	Blonde
RED	Red	BRN	Brown	WHI	White
ORN	Orange	GRY	Gray	LT	Light
DK	Dark	S&P	Mixed Gray and Black		

CHAPTER I—THE CRIME REPORT—GENERAL INFORMATION

8. Eyes: Use the abbreviations:

BLU	Blue	BLK	Black	GRY	Gray
GRN	Green	BRN	Brown	HZL	Hazel

9. Build: Use explanatory terms such as obese, fat, pot belly, stocky, muscular, skinny, large frame, petite.

10. Physical Characteristics: Describe all obvious characteristics and peculiarities.

a. If a suspect is at large or may be involved in a crime series, describe, in detail, the type of nose, eyebrows, or chin, gold or missing teeth, deformities, birthmarks, scars, tatoos, limps, manner of speech, accent, eye glasses, facial hair, etc.

b. Use the remarks section or narrative to be thorough. The results enable Detectives and the Crime Analysis Unit to connect crimes and issue bulletins, which are distributed throughout the Department and to allied agencies, including Parole Agents and Probation Officers.

G. A red flag sheet (SPD 98) shall cover Police Reports for fresh felony arrests to expedite processing to the District Attorney. Refer to Department Orders.

XI. ABBREVIATIONS COMMON IN REPORT WRITING

A. Abbreviations shall be avoided as much as possible in the narrative.

B. Abbreviations shall not be used to the extent that clarity, accuracy, and details are sacrificed.

C. The abbreviations listed on the next page are frequently used and are acceptable.

CHAPTER I--THE CRIME REPORT--GENERAL INFORMATIONACCEPTABLE ABBREVIATIONS

AB	Arrest Bulletin	M.O.	Modus Operandi
AKA	Also known as	N/B	North bound
AWDW	Assault with a deadly weapon	NFD	No further description
COMP	Complainant	NMN	No middle name
DEF	Defendant	OFF	Officer (Shall be followed by a name)
DL/OLN	Driver's license	R/F	Right front
DOA	Dead on arrival	R/O	Reporting Officer
DOB	Date of birth	R/R	Right rear
E/B	East bound	S/B	South bound
FCR	Field contact report	S.S.	Social security
GOA	Gone on arrival	SUS	Suspect
HDB	Had been drinking	UNK	Unknown
I.B.	Information bulletin	W/B	West bound
L/F	Left front	VIC	Victim
LIC	License	WIT	Witness
L/R	Left rear		

L and R may be used to abbreviate left and right, if the result will be clearly understood, such as L arm or R seat.

**SACRAMENTO POLICE DEPARTMENT
CRIME REPORT**

1 <input type="checkbox"/> CRIME <input type="checkbox"/> CASUALTY <input type="checkbox"/> BOTH <input type="checkbox"/> JUVENILE INVOLVED		2 REPORT NUMBER		
3 CRIME CODE SECTION SOURCE		4 CRIME DEFINITION		5 CRIME CLASS CODE
6 CRIME CODE SECTION SOURCE		7 CRIME DEFINITION		8 CRIME CLASS CODE
9 CSI NOTIFIED <input type="checkbox"/>	10 DATE REPORTED	11 TIME REPORTED	12 DATE OCCURRED	13 TIME OCCURRED
15 LOCATION OF OCCURRENCE				14 DAY
				16 PATROL DISTRICT

V I C T I M	17 NAME/FIRM NAME: <input type="checkbox"/> STATE <input type="checkbox"/> CITY			18 AGE	19 DATE OF BIRTH	20 SEX	21 RACE	
	22 RESIDENCE ADDRESS			23 RESIDENCE PHONE ()				
	24 BUSINESS ADDRESS			25 BUSINESS PHONE ()				
	26 INJURED? <input type="checkbox"/> IF VICTIM WAS INJURED, INDICATED CASUALTY DISPOSITION: CHECK APPROPRIATE BOX A <input type="checkbox"/> TAKEN TO SMC B <input type="checkbox"/> TAKEN HOME C <input type="checkbox"/> CORONER D <input type="checkbox"/> REFUSED AID E <input type="checkbox"/> OTHER: (SPECIFY) _____			27 SPECIFY EXTENT OF INJURY				28 VICTIM'S RELATIONSHIP TO SUSPECT:

A D D / P E R S O N	29 <input type="checkbox"/> ADD VIC <input type="checkbox"/> WIT NAME: <input type="checkbox"/> REPORTING PERSON			30 AGE	31 DATE OF BIRTH	32 SEX	33 RACE	
	34 RESIDENCE ADDRESS			35 RESIDENCE PHONE ()				
	36 BUSINESS ADDRESS			37 BUSINESS PHONE ()				
	38 INJURED? <input type="checkbox"/> IF VICTIM WAS INJURED, INDICATE CASUALTY DISPOSITION: CHECK APPROPRIATE BOX A <input type="checkbox"/> TAKEN TO SMC B <input type="checkbox"/> TAKEN HOME C <input type="checkbox"/> CORONER D <input type="checkbox"/> REFUSED AID E <input type="checkbox"/> OTHER: (SPECIFY) _____							

39 METHOD OF ATTACK: A <input type="checkbox"/> FIREARM B <input type="checkbox"/> KNIFE C <input type="checkbox"/> PHYSICAL/NO WEAPON D <input type="checkbox"/> OTHER WEAPON: _____				40 BIAS-RELATED <input type="checkbox"/>	41 DOMESTIC VIOLENCE <input type="checkbox"/>	COMPLIED W/ 13701 PC <input type="checkbox"/>	42 GANG RELATED <input type="checkbox"/>			
W H E R E	43 CHECK WHERE APPLICABLE		PUBLIC PREMISES							
	RESIDENCE	BUSINESS								
	A <input type="checkbox"/> HOUSE B <input type="checkbox"/> APARTMENT C <input type="checkbox"/> CONDOMINIUM D <input type="checkbox"/> MOTEL/HOTEL ROOM E <input type="checkbox"/> DUPLEX/FOURPLEX F <input type="checkbox"/> MOBILE HOME G <input type="checkbox"/> GARAGE ATTACHED H <input type="checkbox"/> GARAGE DETACHED I <input type="checkbox"/> YARD J <input type="checkbox"/> DRIVEWAY K <input type="checkbox"/> OTHER:	A <input type="checkbox"/> BANK/SAVINGS & LOAN B <input type="checkbox"/> OFFICE BUILDING C <input type="checkbox"/> MEDICAL OFFICE D <input type="checkbox"/> DRUG STORE E <input type="checkbox"/> BAR F <input type="checkbox"/> LIQUOR STORE G <input type="checkbox"/> RESTAURANT/FAST FOOD H <input type="checkbox"/> SUPERMARKET I <input type="checkbox"/> CONVENIENCE STORE J <input type="checkbox"/> DEPARTMENT STORE	K <input type="checkbox"/> CLOTHING STORE L <input type="checkbox"/> JEWELRY STORE M <input type="checkbox"/> SPORTING GOODS/GUNS N <input type="checkbox"/> TV/RADIO/APPLIANCES O <input type="checkbox"/> CAR, MOTORCYCLE, OR BICYCLE SALES P <input type="checkbox"/> PAWNSHOP/SECOND HAND Q <input type="checkbox"/> LAUNDROMAT/CLEANERS R <input type="checkbox"/> COIN OPERATED MACHINES S <input type="checkbox"/> THEATER/DRIVE-IN T <input type="checkbox"/> GAS STATION/GARAGE	U <input type="checkbox"/> MOTEL/HOTEL V <input type="checkbox"/> WAREHOUSE W <input type="checkbox"/> MANUFACTURING FIRM X <input type="checkbox"/> CONSTRUCTION SITE Y <input type="checkbox"/> FENCED STORAGE Z <input type="checkbox"/> BOX CAR 1 <input type="checkbox"/> LONGHAUL TRAILER 2 <input type="checkbox"/> PRIVATE SCHOOL 3 <input type="checkbox"/> SPECIALTY SALES REPAIR 4 <input type="checkbox"/> OTHER:	A <input type="checkbox"/> STREET/HIGHWAY/ALLEY B <input type="checkbox"/> SCHOOL C <input type="checkbox"/> PARK/PLAYGROUND D <input type="checkbox"/> PARKING LOT E <input type="checkbox"/> PUBLIC BUILDING F <input type="checkbox"/> CHURCH G <input type="checkbox"/> HOSPITAL H <input type="checkbox"/> DOWNTOWN MALL I <input type="checkbox"/> BIKE TRAIL J <input type="checkbox"/> SHOPPING CENTER K <input type="checkbox"/> LIGHT RAIL L <input type="checkbox"/> OTHER:					

CHECK WHERE APPLICABLE		45 LOCATION OF ENTRY	46 METHOD OF ENTRY	47 ALARMS	48 M.O. STYLE	
44 POINT OF ENTRY	WINDOW	A <input type="checkbox"/> FRONT B <input type="checkbox"/> REAR C <input type="checkbox"/> SIDE D <input type="checkbox"/> OTHER	A <input type="checkbox"/> UNLOCKED/OPEN B <input type="checkbox"/> PRIED C <input type="checkbox"/> BROKEN GLASS D <input type="checkbox"/> CHANNEL LOCKS E <input type="checkbox"/> PASS KEY F <input type="checkbox"/> BODY FORCE G <input type="checkbox"/> CUT PADLOCK	H <input type="checkbox"/> REMOVED I <input type="checkbox"/> EXPLOSIVE J <input type="checkbox"/> VEH FORCE K <input type="checkbox"/> UNKNOWN L <input type="checkbox"/> PUNCH LOCK M <input type="checkbox"/> SUPLOCK N <input type="checkbox"/> OTHER	A <input type="checkbox"/> NONE B <input type="checkbox"/> RINGER C <input type="checkbox"/> SILENT D <input type="checkbox"/> SILENT/RINGER E <input type="checkbox"/> NOT SET F <input type="checkbox"/> BYPASSED G <input type="checkbox"/> DISABLED	A <input type="checkbox"/> CAT BURG. B <input type="checkbox"/> DOOR KICK C <input type="checkbox"/> DRUG HOUSE D <input type="checkbox"/> DRIVE BY E <input type="checkbox"/> DRUG USER K <input type="checkbox"/> OTHER
	DOOR	F <input type="checkbox"/> SINGLE SWING G <input type="checkbox"/> DOUBLE SWING H <input type="checkbox"/> SLIDING I <input type="checkbox"/> OVERHEAD J <input type="checkbox"/> OTHER			F <input type="checkbox"/> PICK-UP G <input type="checkbox"/> FENCE H <input type="checkbox"/> RUSE I <input type="checkbox"/> SERIES J <input type="checkbox"/> ATTEMPT	
	OTHER	K <input type="checkbox"/> FLOOR L <input type="checkbox"/> ROOF M <input type="checkbox"/> WALL N <input type="checkbox"/> STAYED ON PREMISES O <input type="checkbox"/> UNKNOWN				

49 YEAR	50 MAKE	51 MODEL	52 BODY STYLE	53 COLOR(S)	54 LICENSE PLATE NUMBER	STATE	YEAR REG.
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NARRATIVE

55 CONNECTED REPORTS # AND TYPE									
56 1 <input type="checkbox"/> SUSPECT ARRESTED 2 <input type="checkbox"/> SUSPECT CITED 3 <input type="checkbox"/> SUSPECTS OUTSTANDING 4 <input type="checkbox"/> MEDICAL RELEASE 5 <input type="checkbox"/> EVIDENCE BOOKED 6 <input type="checkbox"/> FIELD EVIDENCE RELEASE									
57 IF INCLUDED 1 <input type="checkbox"/> SUSPECT(S) 3 <input type="checkbox"/> ADDITIONAL VICTIM(S) 5 <input type="checkbox"/> PROPERTY DESCRIPTION(S) 7 <input type="checkbox"/> VICTIM STATEMENTS 9 <input type="checkbox"/> SUSPECT STATEMENT(S) IN REPORT 2 <input type="checkbox"/> WITNESS(ES) 4 <input type="checkbox"/> SUSPECT VEHICLE 6 <input type="checkbox"/> PHYSICAL EVIDENCE 8 <input type="checkbox"/> WITNESS STATEMENT(S) 10 <input type="checkbox"/> OBSERVATIONS									

58 REPORT PREPARED BY	59 BADGE	60 DIV	61 YRS SERV	62 DATE	63 APPROVED BY	64 BADGE
65 ASSISTED BY	66 BADGE	67 DIV	68 YRS SERV	69 TIME	70 DATE	71 TIME

CHAPTER II--SPD 100 FORM INSTRUCTIONSCRIME REPORT FORM

Box 1 TYPE OF REPORT--"X" the applicable box to indicate whether the report is a Crime Report, a Casualty Report, or both. If a victim or suspect was injured, include casualty information and "X" "Both". Check if "Juvenile Involved"

Box 2 REPORT NUMBER--This is the sequential number assigned to each report.

Box 3 CRIME CODE SECTION/SOURCE

& 6

A. When multiple offenses are documented in one report, enter the offense ranked highest in severity in the FBI UCR Box 3.

1. The second highest offense is entered into Box 6.

2. If a felony(s) and a misdemeanor(s) are documented in one report, classify the highest felony in Box 3.

Example: A suspect breaks a window [594 (b) PC]. The victim attempts apprehension. The suspect stabs the victim [245 (a) (1) PC]. Report this as:

Box 3: 245(a)(1) PC

Box 6: 594(b)(4) PC

B. Attempts to commit a crime are ranked as serious as though they were completed. The only exception is attempted murder (644/187). Rank (664/187 PC) as Aggravated Assault.

The following is the UCR ranking by severity of Part I offenses.

1. Criminal Homicide
2. Forcible Rape
3. Robbery
4. Aggravated Assault (all felony assaults)
5. Burglary
6. Larceny (except motor vehicle theft)
7. Motor Vehicle Theft

CHAPTER II--SPD 100 FORM INSTRUCTIONS

- C. The UCR ranking of Part II offenses by severity is not applicable to Department reports.
1. Classify Part II offenses documented in one report by the offense that carries the highest penalty.
 2. Use reasonable familiarity with the various codes to determine the highest penalty.

D. Enter only one crime code in Box 3 or Box 6, even if they are related crimes, such as 240 PC (Assault) and 242 PC (Battery). The only exception is 664 PC (attempts), which may be indicated.

Example: 664/459 PC may be placed in either Box 3 or 6.

E. Use the entire crime code, including sub-sections, to be specific and exact.

Example: 245 PC shall include all sub-sections to exactly indicate victim and weapon information.

F. The classification of the report has no bearing on the number of counts or lesser charges with which a suspect may be charged. Therefore, it is imperative that all counts and lesser offenses be clearly set out in the narrative.

Box 4, 5, 7, & 8 CRIME DEFINITION/CRIME CLASS CODE--Use the Crime Class Code Book to enter the crime definition and corresponding crime class code.

Example for 459 PC: [Box 4] BUR/RES/DAY/FORCE [Box 5] - BRDF

Box 9 CSI NOTIFIED--"X" only if Crime Scene Investigations was requested.

Box 10 DATE REPORTED/TIME REPORTED--Indicate when the reporting employee contacted the reporting person, or when an employee discovered the offense, whichever is first.

If it was a dispatched call, use the arrival date and time rather than when the call was received or dispatched. If that information is material, put it in the narrative.

**SACRAMENTO POLICE DEPARTMENT
CRIME REPORT**

1 <input type="checkbox"/> CRIME <input type="checkbox"/> CASUALTY <input type="checkbox"/> BOTH <input type="checkbox"/> JUVENILE INVOLVED		2 REPORT NUMBER		
3 CRIME CODE SECTION	SOURCE	4 CRIME DEFINITION	5 CRIME CLASS CODE	
6 CRIME CODE SECTION	SOURCE	7 CRIME DEFINITION	8 CRIME CLASS CODE	
9 CSI NOTIFIED <input type="checkbox"/>	10 DATE REPORTED	11 TIME REPORTED	12 DATE OCCURRED	13 TIME OCCURRED
15 LOCATION OF OCCURRENCE				14 DAY
				16 PATROL DISTRICT

V I C T I M	17 NAME/FIRM NAME: <input type="checkbox"/> STATE <input type="checkbox"/> CITY			18 AGE	19 DATE OF BIRTH	20 SEX	21 RACE
	22 RESIDENCE ADDRESS			23 RESIDENCE PHONE ()			
	24 BUSINESS ADDRESS			25 BUSINESS PHONE ()			
	26 INJURED? <input type="checkbox"/> IF VICTIM WAS INJURED, INDICATED CASUALTY DISPOSITION: CHECK APPROPRIATE BOX A <input type="checkbox"/> TAKEN TO SMC B <input type="checkbox"/> TAKEN HOME C <input type="checkbox"/> CORONER D <input type="checkbox"/> REFUSED AID E <input type="checkbox"/> OTHER: (SPECIFY) _____			27 SPECIFY EXTENT OF INJURY			
			TRANSPORTED BY		28 VICTIM'S RELATIONSHIP TO SUSPECT:		

A D D / P E R S O N	29 <input type="checkbox"/> ADD VIC <input type="checkbox"/> WIT NAME: <input type="checkbox"/> REPORTING PERSON			30 AGE	31 DATE OF BIRTH	32 SEX	33 RACE
	34 RESIDENCE ADDRESS			35 RESIDENCE PHONE ()			
	36 BUSINESS ADDRESS			37 BUSINESS PHONE ()			
	38 INJURED? <input type="checkbox"/> IF VICTIM WAS INJURED, INDICATE CASUALTY DISPOSITION: CHECK APPROPRIATE BOX A <input type="checkbox"/> TAKEN TO SMC B <input type="checkbox"/> TAKEN HOME C <input type="checkbox"/> CORONER D <input type="checkbox"/> REFUSED AID E <input type="checkbox"/> OTHER: (SPECIFY) _____						

39 METHOD OF ATTACK: A <input type="checkbox"/> FIREARM B <input type="checkbox"/> KNIFE C <input type="checkbox"/> PHYSICAL/NO WEAPON D <input type="checkbox"/> OTHER WEAPON: _____		40 BIAS-RELATED <input type="checkbox"/>	41 DOMESTIC VIOLENCE <input type="checkbox"/>	COMPLIED W/ 13701 PC <input type="checkbox"/>	42 GANG RELATED <input type="checkbox"/>
--	--	---	--	--	---

W H E R E	43 CHECK WHERE APPLICABLE					
	RESIDENCE	BUSINESS	PUBLIC PREMISES			
A <input type="checkbox"/> HOUSE	A <input type="checkbox"/> BANK/SAVINGS & LOAN	K <input type="checkbox"/> CLOTHING STORE	U <input type="checkbox"/> MOTEL/HOTEL	A <input type="checkbox"/> STREET/HIGHWAY/ALLEY		
B <input type="checkbox"/> APARTMENT	CREDIT UNION	L <input type="checkbox"/> JEWELRY STORE	V <input type="checkbox"/> WAREHOUSE	B <input type="checkbox"/> SCHOOL		
C <input type="checkbox"/> CONDOMINIUM	B <input type="checkbox"/> OFFICE BUILDING	M <input type="checkbox"/> SPORTING GOODS/GUNS	W <input type="checkbox"/> MANUFACTURING FIRM	C <input type="checkbox"/> PARK/PLAYGROUND		
D <input type="checkbox"/> MOTEL/HOTEL ROOM	C <input type="checkbox"/> MEDICAL OFFICE	N <input type="checkbox"/> TV/RADIO/APPLIANCES	X <input type="checkbox"/> CONSTRUCTION SITE	D <input type="checkbox"/> PARKING LOT		
E <input type="checkbox"/> DUPLEX/FOURPLEX	D <input type="checkbox"/> DRUG STORE	O <input type="checkbox"/> CAR, MOTORCYCLE, OR BICYCLE SALES	Y <input type="checkbox"/> FENCED STORAGE	E <input type="checkbox"/> PUBLIC BUILDING		
F <input type="checkbox"/> MOBILE HOME	E <input type="checkbox"/> BAR	P <input type="checkbox"/> PAWNSHOP/SECOND HAND	Z <input type="checkbox"/> BOX CAR	F <input type="checkbox"/> CHURCH		
G <input type="checkbox"/> GARAGE ATTACHED	F <input type="checkbox"/> LIQUOR STORE	Q <input type="checkbox"/> LAUNDROMAT/CLEANERS	1 <input type="checkbox"/> LONGHAUL TRAILER	G <input type="checkbox"/> HOSPITAL		
H <input type="checkbox"/> GARAGE DETACHED	G <input type="checkbox"/> RESTAURANT/FAST FOOD	R <input type="checkbox"/> COIN OPERATED MACHINES PHONE BOOTH	2 <input type="checkbox"/> PRIVATE SCHOOL	H <input type="checkbox"/> DOWNTOWN MALL		
I <input type="checkbox"/> YARD	H <input type="checkbox"/> SUPERMARKET	S <input type="checkbox"/> THEATER/DRIVE-IN	3 <input type="checkbox"/> SPECIALTY SALES REPAIR	I <input type="checkbox"/> BIKE TRAIL		
J <input type="checkbox"/> DRIVEWAY	I <input type="checkbox"/> CONVENIENCE STORE	T <input type="checkbox"/> GAS STATION/GARAGE	4 <input type="checkbox"/> OTHER:	J <input type="checkbox"/> SHOPPING CENTER		
K <input type="checkbox"/> OTHER:	J <input type="checkbox"/> DEPARTMENT STORE			K <input type="checkbox"/> LIGHT RAIL		
				L <input type="checkbox"/> OTHER:		

CHECK WHERE APPLICABLE		45 LOCATION OF ENTRY	46 METHOD OF ENTRY	47 ALARMS	48 M.O. STYLE
44 POINT OF ENTRY		A <input type="checkbox"/> FRONT	A <input type="checkbox"/> UNLOCKED/OPEN	A <input type="checkbox"/> NONE	A <input type="checkbox"/> CAT BURG.
WINDOW	DOOR	B <input type="checkbox"/> REAR	B <input type="checkbox"/> PRIED	B <input type="checkbox"/> RINGER	B <input type="checkbox"/> DOOR KICK
A <input type="checkbox"/> NONMOVABLE	F <input type="checkbox"/> SINGLE SWING	C <input type="checkbox"/> SIDE	C <input type="checkbox"/> BROKEN GLASS	C <input type="checkbox"/> SILENT	C <input type="checkbox"/> DRUG HOUSE
B <input type="checkbox"/> SLIDING	G <input type="checkbox"/> DOUBLE SWING	D <input type="checkbox"/> OTHER	D <input type="checkbox"/> CHANNEL LOCKS	D <input type="checkbox"/> SILENT/RINGER	D <input type="checkbox"/> DRIVE BY
C <input type="checkbox"/> CRANK TYPE	H <input type="checkbox"/> SLIDING	E <input type="checkbox"/> TOP	E <input type="checkbox"/> PASS KEY	E <input type="checkbox"/> NOT SET	E <input type="checkbox"/> DRUG USER
D <input type="checkbox"/> DOUBLE HUNG	I <input type="checkbox"/> OVERHEAD		F <input type="checkbox"/> BODY FORCE	F <input type="checkbox"/> BYPASSED	F <input type="checkbox"/> PICK-UP
E <input type="checkbox"/> LOUVERED OR WIND-WING	J <input type="checkbox"/> OTHER		G <input type="checkbox"/> CUT PADLOCK	G <input type="checkbox"/> DISABLED	G <input type="checkbox"/> FENCE
					H <input type="checkbox"/> RUSE
					I <input type="checkbox"/> SERIES
					J <input type="checkbox"/> ATTEMPT
					K <input type="checkbox"/> OTHER

COMPLETE THE FOLLOWING BOXES IF CRIME AGAINST VICTIM'S VEHICLE OR INCIDENT OCCURRED IN A VEHICLE							
49 YEAR	50 MAKE	51 MODEL	52 BODY STYLE	53 COLOR(S)	54 LICENSE PLATE NUMBER	STATE	YEAR REG.

NARRATIVE

55 CONNECTED REPORTS # AND TYPE									
56 1 <input type="checkbox"/> SUSPECT ARRESTED 2 <input type="checkbox"/> SUSPECT CITED 3 <input type="checkbox"/> SUSPECTS OUTSTANDING 4 <input type="checkbox"/> MEDICAL RELEASE 5 <input type="checkbox"/> EVIDENCE BOOKED 6 <input type="checkbox"/> FIELD EVIDENCE RELEASE									
57 IF INCLUDED 1 <input type="checkbox"/> SUSPECT(S) 3 <input type="checkbox"/> ADDITIONAL VICTIM(S) 5 <input type="checkbox"/> PROPERTY DESCRIPTION(S) 7 <input type="checkbox"/> VICTIM STATEMENTS 9 <input type="checkbox"/> SUSPECT STATEMENT(S)									
IN REPORT 2 <input type="checkbox"/> WITNESS(ES) 4 <input type="checkbox"/> SUSPECT VEHICLE 6 <input type="checkbox"/> PHYSICAL EVIDENCE 8 <input type="checkbox"/> WITNESS STATEMENT(S) 10 <input type="checkbox"/> OBSERVATIONS									

58 REPORT PREPARED BY	59 BADGE	60 DV	61 YRS SERV	62 DATE	63 APPROVED BY	64 BADGE
65 ASSISTED BY	66 BADGE	67 DV	68 YRS SERV	69 TIME	70 DATE	71 TIME

PAGE 1 OF _____

CHAPTER II--SPD 100 FORM INSTRUCTIONS

Box 12-14 DATE OCCURRED/TIME OCCURRED/DAY--Enter the exact information when known, or the best estimate, including a span of time or dates/days.

Example: [Box 12] 01-30/02-02-96, [Box 13] 0800-1600, and [Box 14] TUE-FRI, is used if a victim left at 0800 01-30-96 and returned to discover the crime at 1600 02-02-96.

Box 15 LOCATION OF OCCURRENCE--Indicate the exact address or location where crime occurred.

Example: 1412 26th ST, #314

Example: Alley between 16th & 17th STS./T & U STS.

Example: S sidewalk of J ST between Mission WY & 42nd ST.

Example: Garcia Bend Park boat ramp--7660 Pocket RD

Box 16 PATROL DISTRICT--Indicate the patrol district in which the crime occurred, (i.e., 10, 15, 25, 32, 41, etc.).

Box 17 VICTIM'S NAME/FIRM NAME--Use the full last name, first name and middle name of a person, or the complete business or agency name, as applicable. "X" the box to indicate the City of Sacramento or State of California, as appropriate.

Identify additional victims on Additional Persons pages.

The victim is the State of California for a violation of state law and no individual person, business or agency has sustained an injury or loss.

The victim is the City of Sacramento for a violation of the Sacramento City Code.

In crimes against property, list the individual owner or business name. Use the popular business name, such as McDonald's Restaurant or Weinstock's Department Store, rather than the full corporate name or the individual franchisee. Include applicable store or branch numbers and/or individual office names.

Example: 7 Eleven Food Store #14095

**SACRAMENTO POLICE DEPARTMENT
CRIME REPORT**

1 <input type="checkbox"/> CRIME <input type="checkbox"/> CASUALTY <input type="checkbox"/> BOTH <input type="checkbox"/> JUVENILE INVOLVED			2 REPORT NUMBER		
3 CRIME CODE SECTION	SOURCE	4 CRIME DEFINITION			
6 CRIME CODE SECTION	SOURCE	7 CRIME DEFINITION	8 CRIME CLASS CODE		
9 CSI NOTIFIED <input type="checkbox"/>	10 DATE REPORTED	11 TIME REPORTED	12 DATE OCCURRED	13 TIME OCCURRED	14 DAY
15 LOCATION OF OCCURRENCE					16 PATROL DISTRICT

V I C T I M	17 NAME/FIRM NAME: <input type="checkbox"/> STATE <input type="checkbox"/> CITY				18 AGE	19 DATE OF BIRTH	20 SEX	21 RACE			
	22 RESIDENCE ADDRESS				23 RESIDENCE PHONE ()						
	24 BUSINESS ADDRESS				25 BUSINESS PHONE ()						
	26 INJURED? <input type="checkbox"/> IF VICTIM WAS INJURED, INDICATED CASUALTY DISPOSITION: CHECK APPROPRIATE BOX A <input type="checkbox"/> TAKEN TO SMC B <input type="checkbox"/> TAKEN HOME C <input type="checkbox"/> CORONER D <input type="checkbox"/> REFUSED AID E <input type="checkbox"/> OTHER: (SPECIFY) _____				27 SPECIFY EXTENT OF INJURY				28 VICTIM'S RELATIONSHIP TO SUSPECT:		
A D D R E S S	29 <input type="checkbox"/> ADD VIC <input type="checkbox"/> WIT NAME: <input type="checkbox"/> REPORTING PERSON				30 AGE	31 DATE OF BIRTH	32 SEX	33 RACE			
	34 RESIDENCE ADDRESS				35 RESIDENCE PHONE ()						
	36 BUSINESS ADDRESS				37 BUSINESS PHONE ()						
	38 INJURED? <input type="checkbox"/> IF VICTIM WAS INJURED, INDICATE CASUALTY DISPOSITION: CHECK APPROPRIATE BOX A <input type="checkbox"/> TAKEN TO SMC B <input type="checkbox"/> TAKEN HOME C <input type="checkbox"/> CORONER D <input type="checkbox"/> REFUSED AID E <input type="checkbox"/> OTHER: (SPECIFY) _____				39 METHOD OF ATTACK: A <input type="checkbox"/> FIREARM B <input type="checkbox"/> KNIFE C <input type="checkbox"/> PHYSICAL/NO WEAPON D <input type="checkbox"/> OTHER WEAPON: _____				40 BIAS-RELATED <input type="checkbox"/>	41 DOMESTIC VIOLENCE <input type="checkbox"/>	COMPLIED W/ 13701 PC <input type="checkbox"/>

43 CHECK WHERE APPLICABLE		PUBLIC PREMISES							
RESIDENCE		BUSINESS							
A <input type="checkbox"/> HOUSE	A <input type="checkbox"/> BANK/SAVINGS & LOAN	K <input type="checkbox"/> CLOTHING STORE	U <input type="checkbox"/> MOTEL/HOTEL	A <input type="checkbox"/> STREET/HIGHWAY/ALLEY					
B <input type="checkbox"/> APARTMENT	CREDIT UNION	L <input type="checkbox"/> JEWELRY STORE	V <input type="checkbox"/> WAREHOUSE	B <input type="checkbox"/> SCHOOL					
C <input type="checkbox"/> CONDOMINIUM	B <input type="checkbox"/> OFFICE BUILDING	M <input type="checkbox"/> SPORTING GOODS/GUNS	W <input type="checkbox"/> MANUFACTURING FIRM	C <input type="checkbox"/> PARK/PLAYGROUND					
D <input type="checkbox"/> MOTEL/HOTEL ROOM	C <input type="checkbox"/> MEDICAL OFFICE	N <input type="checkbox"/> TV/RADIO/APPLIANCES	X <input type="checkbox"/> CONSTRUCTION SITE	D <input type="checkbox"/> PARKING LOT					
E <input type="checkbox"/> DUPLEX/FOURPLEX	D <input type="checkbox"/> DRUG STORE	O <input type="checkbox"/> CAR, MOTORCYCLE, OR BICYCLE SALES	Y <input type="checkbox"/> FENCED STORAGE	E <input type="checkbox"/> PUBLIC BUILDING					
F <input type="checkbox"/> MOBILE HOME	E <input type="checkbox"/> BAR	P <input type="checkbox"/> PAWNSHOP/SECOND HAND	Z <input type="checkbox"/> BOX CAR	F <input type="checkbox"/> CHURCH					
G <input type="checkbox"/> GARAGE ATTACHED	F <input type="checkbox"/> LIQUOR STORE	Q <input type="checkbox"/> LAUNDROMAT/CLEANERS	1 <input type="checkbox"/> LONGHAUL TRAILER	G <input type="checkbox"/> HOSPITAL					
H <input type="checkbox"/> GARAGE DETACHED	G <input type="checkbox"/> RESTAURANT/FAST FOOD	R <input type="checkbox"/> COIN OPERATED MACHINES	2 <input type="checkbox"/> PRIVATE SCHOOL	H <input type="checkbox"/> DOWNTOWN MALL					
I <input type="checkbox"/> YARD	H <input type="checkbox"/> SUPERMARKET	S <input type="checkbox"/> THEATER/DRIVE-IN	3 <input type="checkbox"/> SPECIALTY SALES REPAIR	I <input type="checkbox"/> BIKE TRAIL					
J <input type="checkbox"/> DRIVEWAY	I <input type="checkbox"/> CONVENIENCE STORE	T <input type="checkbox"/> GAS STATION/GARAGE	4 <input type="checkbox"/> OTHER:	J <input type="checkbox"/> SHOPPING CENTER					
K <input type="checkbox"/> OTHER:	J <input type="checkbox"/> DEPARTMENT STORE			K <input type="checkbox"/> LIGHT RAIL					
				L <input type="checkbox"/> OTHER:					

44 CHECK WHERE APPLICABLE POINT OF ENTRY			45 LOCATION OF ENTRY	46 METHOD OF ENTRY	47 ALARMS	48 M.O. STYLE
WINDOW	DOOR	OTHER	A <input type="checkbox"/> FRONT	A <input type="checkbox"/> UNLOCKED/OPEN	H <input type="checkbox"/> REMOVED	A <input type="checkbox"/> CAT BURG. F <input type="checkbox"/> PICK-UP
B <input type="checkbox"/> SLIDING	F <input type="checkbox"/> SINGLE SWING	K <input type="checkbox"/> FLOOR	B <input type="checkbox"/> REAR	B <input type="checkbox"/> PRIED	I <input type="checkbox"/> EXPLOSIVE	B <input type="checkbox"/> DOOR KICK G <input type="checkbox"/> FENCE
C <input type="checkbox"/> CRANK TYPE	G <input type="checkbox"/> DOUBLE SWING	L <input type="checkbox"/> ROOF	C <input type="checkbox"/> SIDE	C <input type="checkbox"/> BROKEN GLASS	J <input type="checkbox"/> VEH FORCE	C <input type="checkbox"/> DRUG HOUSE H <input type="checkbox"/> RUSE
D <input type="checkbox"/> DOUBLE HUNG	H <input type="checkbox"/> SLIDING	M <input type="checkbox"/> WALL	D <input type="checkbox"/> OTHER	D <input type="checkbox"/> CHANNEL LOCKS	K <input type="checkbox"/> UNKNOWN	D <input type="checkbox"/> DRIVE BY I <input type="checkbox"/> SERIES
E <input type="checkbox"/> LOUVERED OR WIND-WING	I <input type="checkbox"/> OVERHEAD GARAGE	N <input type="checkbox"/> STAYED ON PREMISES	E <input type="checkbox"/> TOP	E <input type="checkbox"/> PASS KEY	L <input type="checkbox"/> PUNCH LOCK	E <input type="checkbox"/> DRUG USER J <input type="checkbox"/> ATTEMPT
	J <input type="checkbox"/> OTHER	O <input type="checkbox"/> UNKNOWN		F <input type="checkbox"/> BODY FORCE	M <input type="checkbox"/> SUPLOCK	K <input type="checkbox"/> OTHER
				G <input type="checkbox"/> CUT PADLOCK	N <input type="checkbox"/> OTHER	

COMPLETE THE FOLLOWING BOXES IF CRIME AGAINST VICTIM'S VEHICLE OR INCIDENT OCCURRED IN A VEHICLE							
49 YEAR	50 MAKE	51 MODEL	52 BODY STYLE	53 COLOR(S)	54 LICENSE PLATE NUMBER	STATE	YEAR REG.

NARRATIVE

55 CONNECTED REPORTS # AND TYPE									
56 1 <input type="checkbox"/> SUSPECT ARRESTED 2 <input type="checkbox"/> SUSPECT CITED 3 <input type="checkbox"/> SUSPECTS OUTSTANDING 4 <input type="checkbox"/> MEDICAL RELEASE 5 <input type="checkbox"/> EVIDENCE BOOKED 6 <input type="checkbox"/> FIELD EVIDENCE RELEASE									
57 IF INCLUDED IN REPORT 1 <input type="checkbox"/> SUSPECT(S) 2 <input type="checkbox"/> WITNESS(ES) 3 <input type="checkbox"/> ADDITIONAL VICTIM(S) 4 <input type="checkbox"/> SUSPECT VEHICLE 5 <input type="checkbox"/> PROPERTY DESCRIPTION(S) 6 <input type="checkbox"/> PHYSICAL EVIDENCE 7 <input type="checkbox"/> VICTIM STATEMENTS 8 <input type="checkbox"/> WITNESS STATEMENT(S) 9 <input type="checkbox"/> SUSPECT STATEMENT(S) 10 <input type="checkbox"/> OBSERVATIONS									

58 REPORT PREPARED BY	59 BADGE	60 DIV	61 YRS SERV	62 DATE	63 APPROVED BY	64 BADGE
65 ASSISTED BY	66 BADGE	67 DIV	68 YRS SERV	69 TIME	70 DATE	71 TIME

Example: Bank of America--Fort Sutter Branch

In Armed Robbery--Business: Use the business name as the victim unless a victim is raped or murdered. Include employees as Reporting Persons, Additional Victims or Witnesses, as applicable.

- Box 18 AGE/DATE OF BIRTH--Enter both exactly, if known. Estimate when necessary and explain in the narrative.
-19
- Box 20 SEX/RACE--Enter both exactly, if known. Estimate when necessary and explain in the narrative.
-21
- Box 22 RESIDENCE ADDRESS--Use the full address including zip code. Use "transient" as applicable. Leave blank if the victim is a business or agency.
- Box 23 RESIDENT PHONE--Use the victim's home phone number, or a message phone number.
- Box 24 BUSINESS ADDRESS/BUSINESS PHONE--Use the work, school business or agency address and phone number. If unemployed, enter "None".
-25
- Box 26 CASUALTY INFORMATION--"X" the yes box or no box. If YES, "X" Boxes A through E, as applicable.

Box E may require brief information, such as "Kaiser North:", or enter the page number of the narrative in which more detailed information is explained.

- Box 27 EXTENT OF INJURY/TRANSPORTED BY--Describe the nature and extent of injury and body part(s) involved. A complaint of pain is an injury and shall be indicated.

Example: 1/4" puncture/stab wound to R chest

Example: Complaint of pain to L wrist

Name the ambulance company and their unit number, or complete information about a private person who transported the victim. Enter the page number of the narrative in which more detailed information is explained.

If Department employee(s) transported, enter the 4 digit badge/I.D. number(s).

SACRAMENTO POLICE DEPARTMENT CRIME REPORT

2 REPORT NUMBER

1 CRIME CASUALTY BOTH
 JUVENILE INVOLVED

3 CRIME CODE SECTION SOURCE 4 CRIME DEFINITION 5 CRIME CLASS CODE
6 CRIME CODE SECTION SOURCE 7 CRIME DEFINITION 8 CRIME CLASS CODE

9 CSI NOTIFIED 10 DATE REPORTED 11 TIME REPORTED 12 DATE OCCURRED 13 TIME OCCURRED 14 DAY
15 LOCATION OF OCCURRENCE 18 PATROL DISTRICT

VICTIM
17 NAME/FIRM NAME: STATE CITY 18 AGE 19 DATE OF BIRTH 20 SEX 21 RACE
22 RESIDENCE ADDRESS 23 RESIDENCE PHONE
24 BUSINESS ADDRESS 25 BUSINESS PHONE
26 INJURED? IF VICTIM WAS INJURED, INDICATED CASUALTY DISPOSITION: CHECK APPROPRIATE BOX
 A TAKEN TO SMC B TAKEN HOME C CORONER D REFUSED AID E OTHER: (SPECIFY)
27 SPECIFY EXTENT OF INJURY TRANSPORTED BY 28 VICTIM'S RELATIONSHIP TO SUSPECT:
30 AGE 31 DATE OF BIRTH 32 SEX 33 RACE

ADDERESS
29 ADD VIC WIT NAME: REPORTING PERSON 35 RESIDENCE PHONE
34 RESIDENCE ADDRESS 37 BUSINESS PHONE
36 BUSINESS ADDRESS
38 INJURED? IF VICTIM WAS INJURED, INDICATE CASUALTY DISPOSITION: CHECK APPROPRIATE BOX
 A TAKEN TO SMC B TAKEN HOME C CORONER D REFUSED AID E OTHER: (SPECIFY)
39 METHOD OF ATTACK: A FIREARM B KNIFE C PHYSICAL/NO WEAPON D OTHER WEAPON: 40 BIAS-RELATED 41 DOMESTIC VIOLENCE COMPLIED W/ 13701 PC 42 GANG RELATED

WHERE
43 CHECK WHERE APPLICABLE
RESIDENCE BUSINESS PUBLIC PREMISES
A HOUSE A BANK/SAVINGS & LOAN K CLOTHING STORE U MOTEL/HOTEL A STREET/HIGHWAY/ALLEY
B APARTMENT L JEWELRY STORE V WAREHOUSE B SCHOOL
C CONDOMINIUM M SPORTING GOODS/GUNS W MANUFACTURING FIRM C PARK/PLAYGROUND
D MOTEL/HOTEL ROOM N TV/RADIO/APPLIANCES X CONSTRUCTION SITE D PARKING LOT
E DUPLEX/FOURPLEX O CAR, MOTORCYCLE, OR BICYCLE SALES Y FENCED STORAGE E PUBLIC BUILDING
F MOBILE HOME P PAWNSHOP/SECOND HAND Z BOX CAR F CHURCH
G GARAGE ATTACHED Q LAUNDROMAT/CLEANERS 1 LONGHAUL TRAILER G HOSPITAL
H GARAGE DETACHED R COIN OPERATED MACHINES 2 PRIVATE SCHOOL H DOWNTOWN MALL
I YARD S THEATER/DRIVE-IN 3 SPECIALTY SALES I BIKE TRAIL
J DRIVEWAY T GAS STATION/GARAGE 4 OTHER: J SHOPPING CENTER
K OTHER: L OTHER: K LIGHT RAIL
L OTHER: L OTHER:

44 CHECK WHERE APPLICABLE POINT OF ENTRY
WINDOW DOOR OTHER
A NONMOVABLE F SINGLE SWING K FLOOR
B SLIDING G DOUBLE SWING L ROOF
C CRANK TYPE H SLIDING M WALL
D DOUBLE HUNG I OVERHEAD N STAYED ON PREMISES
E LOUVERED OR GARAGE O UNKNOWN
WIND-WING J OTHER

45 LOCATION OF ENTRY
A FRONT B REAR C SIDE D OTHER E TOP

46 METHOD OF ENTRY
A UNLOCKED/OPEN B PRIED C BROKEN GLASS D CHANNEL LOCKS E PASS KEY F BODY FORCE G CUT PADLOCK
H REMOVED I EXPLOSIVE J VEH FORCE K UNKNOWN L PUNCH LOCK M SLPLOCK N OTHER

47 ALARMS
A NONE B RINGER C SILENT D SILENT/RINGER E NOT SET F BYPASSED G DISABLED

48 M.O. STYLE
A CAT BURGL. F PICK-UP
B DOOR KICK G FENCE
C DRUG HOUSE H RUSE
D DRIVE BY I SERIES
E DRUG USER J ATTEMPT
K OTHER

COMPLETE THE FOLLOWING BOXES IF CRIME AGAINST VICTIM'S VEHICLE OR INCIDENT OCCURRED IN A VEHICLE
49 YEAR 50 MAKE 51 MODEL 52 BODY STYLE 53 COLOR(S) 54 LICENSE PLATE NUMBER STATE YEAR REG.

NARRATIVE

55 CONNECTED REPORTS # AND TYPE
1 SUSPECT ARRESTED 2 SUSPECT CITED 3 SUSPECTS OUTSTANDING 4 MEDICAL RELEASE 5 EVIDENCE BOOKED 6 FIELD EVIDENCE RELEASE
IF INCLUDED 1 SUSPECT(S) 3 ADDITIONAL VICTIM(S) 5 PROPERTY DESCRIPTION(S) 7 VICTIM STATEMENTS 9 SUSPECT STATEMENT(S)
IN REPORT 2 WITNESS(ES) 4 SUSPECT VEHICLE 6 PHYSICAL EVIDENCE 8 WITNESS STATEMENT(S) 10 OBSERVATIONS

58 REPORT PREPARED BY 59 BADGE 60 DIV 61 YRS SERV 62 DATE 63 APPROVED BY 64 BADGE
65 ASSISTED BY 66 BADGE 67 DIV 68 YRS SERV 69 TIME 70 DATE 71 TIME PAGE 1 OF

CHAPTER II--SPD 100 FORM INSTRUCTIONS

NOTE: Providing the ambulance company unit number helps Detectives or the District Attorney locate individual crew members later. The same purpose is served by listing a Sacramento Fire Department crew by both their station number and the alpha character of their shift, such as Engine 4C or Truck 8A.

Box 28 ~~VICTIM'S RELATIONSHIP TO SUSPECT~~--Use this box to explain as much as possible.

Example: Fellow gang member (or opposing gang member)

Example: Passerby/None

Example: Brother (or estranged brother)

Example: Business partner (or business competitor)

Box 29 REPORTING PERSON--"X" the box and leave the section blank if the Reporting Person is the same as the victim.

-37

Complete the section if the Reporting Person is an Additional Victim listed on an Additional Persons/Suspect Vehicle Supplement page. This repetition is necessary for casualty information.

If the Reporting Person is a witness, do not list the Reporting Person again on the Additional Persons/Suspect Vehicle Supplement page.

Employees who are the Reporting Person on reports they are preparing may enter only their 4 digit badge/I.D. number.

Box 38 ~~CASUALTY INFORMATION~~--"X" the box, if injured. If checked, "X" Boxes A through E, as applicable.

Box 39 METHOD OF ATTACK--"X" the box best describing the weapon or force used in the crime. Box D may require a brief description, such as "pool cue", or enter the page number of the narrative in which more detailed information is explained.

**SACRAMENTO POLICE DEPARTMENT
CRIME REPORT**

2 REPORT NUMBER	
5 CRIME CLASS CODE	
8 CRIME CLASS CODE	
14 DAY	
16 PATROL DISTRICT	

1 <input type="checkbox"/> CRIME <input type="checkbox"/> CASUALTY <input type="checkbox"/> BOTH <input type="checkbox"/> JUVENILE INVOLVED
3 CRIME CODE SECTION SOURCE
6 CRIME CODE SECTION SOURCE
8 CSI NOTIFIED <input type="checkbox"/>
10 DATE REPORTED
15 LOCATION OF OCCURRENCE

4 CRIME DEFINITION
7 CRIME DEFINITION
11 TIME REPORTED
12 DATE OCCURRED
13 TIME OCCURRED

V I C T I M	17 NAME/FIRM NAME: <input type="checkbox"/> STATE <input type="checkbox"/> CITY	18 AGE	19 DATE OF BIRTH	20 SEX	21 RACE
	22 RESIDENCE ADDRESS	23 RESIDENCE PHONE ()			
	24 BUSINESS ADDRESS	25 BUSINESS PHONE ()			
	26 INJURED? IF VICTIM WAS INJURED, INDICATED CASUALTY DISPOSITION: CHECK APPROPRIATE BOX <input type="checkbox"/> A <input type="checkbox"/> TAKEN TO SMC B <input type="checkbox"/> TAKEN HOME C <input type="checkbox"/> CORONER D <input type="checkbox"/> REFUSED AID E <input type="checkbox"/> OTHER: (SPECIFY) _____				
27 SPECIFY EXTENT OF INJURY					28 VICTIM'S RELATIONSHIP TO SUSPECT:

A D D / P E R S O N	29 <input type="checkbox"/> ADD VICTIM <input type="checkbox"/> WIT NAME: <input type="checkbox"/> REPORTING PERSON	30 AGE	31 DATE OF BIRTH	32 SEX	33 RACE
	34 RESIDENCE ADDRESS	35 RESIDENCE PHONE ()			
	36 BUSINESS ADDRESS	37 BUSINESS PHONE ()			
	38 INJURED? IF VICTIM WAS INJURED, INDICATE CASUALTY DISPOSITION: CHECK APPROPRIATE BOX <input type="checkbox"/> A <input type="checkbox"/> TAKEN TO SMC B <input type="checkbox"/> TAKEN HOME C <input type="checkbox"/> CORONER D <input type="checkbox"/> REFUSED AID E <input type="checkbox"/> OTHER: (SPECIFY) _____				

39 METHOD OF ATTACK: A <input type="checkbox"/> FIREARM B <input type="checkbox"/> KNIFE C <input type="checkbox"/> PHYSICAL/NO WEAPON D <input type="checkbox"/> OTHER WEAPON: _____	40 BIAS-RELATED <input type="checkbox"/>	41 DOMESTIC VIOLENCE <input type="checkbox"/>	COMPLIED W/ 13701 PC <input type="checkbox"/>	42 GANG RELATED <input type="checkbox"/>
--	--	---	---	--

W H E R E	43 CHECK WHERE APPLICABLE		PUBLIC PREMISES			
	RESIDENCE	BUSINESS	K <input type="checkbox"/> CLOTHING STORE	U <input type="checkbox"/> MOTEL/HOTEL	A <input type="checkbox"/> STREET/HIGHWAY/ALLEY	
A <input type="checkbox"/> HOUSE	A <input type="checkbox"/> BANK/SAVINGS & LOAN	L <input type="checkbox"/> JEWELRY STORE	V <input type="checkbox"/> WAREHOUSE	B <input type="checkbox"/> SCHOOL		
B <input type="checkbox"/> APARTMENT	CREDIT UNION	M <input type="checkbox"/> SPORTING GOODS/GUNS	W <input type="checkbox"/> MANUFACTURING FIRM	C <input type="checkbox"/> PARK/PLAYGROUND		
C <input type="checkbox"/> CONDOMINIUM	B <input type="checkbox"/> OFFICE BUILDING	N <input type="checkbox"/> TV/RADIO/APPLIANCES	X <input type="checkbox"/> CONSTRUCTION SITE	D <input type="checkbox"/> PARKING LOT		
D <input type="checkbox"/> MOTEL/HOTEL ROOM	C <input type="checkbox"/> MEDICAL OFFICE	O <input type="checkbox"/> CAR, MOTORCYCLE, OR	Y <input type="checkbox"/> FENCED STORAGE	E <input type="checkbox"/> PUBLIC BUILDING		
E <input type="checkbox"/> DUPLEX/FOURPLEX	D <input type="checkbox"/> DRUG STORE	BICYCLE SALES	Z <input type="checkbox"/> BOX CAR	F <input type="checkbox"/> CHURCH		
F <input type="checkbox"/> MOBILE HOME	E <input type="checkbox"/> BAR	P <input type="checkbox"/> PAWNSHOP/SECOND HAND	1 <input type="checkbox"/> LONGHAUL TRAILER	G <input type="checkbox"/> HOSPITAL		
G <input type="checkbox"/> GARAGE ATTACHED	F <input type="checkbox"/> LIQUOR STORE	Q <input type="checkbox"/> LAUNDROMAT/CLEANERS	2 <input type="checkbox"/> PRIVATE SCHOOL	H <input type="checkbox"/> DOWNTOWN MALL		
H <input type="checkbox"/> GARAGE DETACHED	G <input type="checkbox"/> RESTAURANT/FAST FOOD	R <input type="checkbox"/> COIN OPERATED MACHINES	3 <input type="checkbox"/> SPECIALTY SALES	I <input type="checkbox"/> BIKE TRAIL		
I <input type="checkbox"/> YARD	H <input type="checkbox"/> SUPERMARKET	PHONE BOOTH	REPAIR	J <input type="checkbox"/> SHOPPING CENTER		
J <input type="checkbox"/> DRIVEWAY	I <input type="checkbox"/> CONVENIENCE STORE	S <input type="checkbox"/> THEATER/DRIVE-IN	4 <input type="checkbox"/> OTHER	K <input type="checkbox"/> LIGHT RAIL		
K <input type="checkbox"/> OTHER	J <input type="checkbox"/> DEPARTMENT STORE	T <input type="checkbox"/> GAS STATION/GARAGE		L <input type="checkbox"/> OTHER		

44 CHECK WHERE APPLICABLE POINT OF ENTRY		45 LOCATION OF ENTRY	46 METHOD OF ENTRY	47 ALARMS	48 M.O. STYLE
WINDOW	DOOR	OTHER	A <input type="checkbox"/> UNLOCKED/OPEN	A <input type="checkbox"/> NONE	A <input type="checkbox"/> CAT BURGLAR
A <input type="checkbox"/> NONMOVABLE	F <input type="checkbox"/> SINGLE SWING	K <input type="checkbox"/> FLOOR	B <input type="checkbox"/> PRIED	B <input type="checkbox"/> RINGER	B <input type="checkbox"/> DOOR KICK
B <input type="checkbox"/> SLIDING	G <input type="checkbox"/> DOUBLE SWING	L <input type="checkbox"/> ROOF	C <input type="checkbox"/> BROKEN GLASS	C <input type="checkbox"/> SILENT	C <input type="checkbox"/> DRUG HOUSE
C <input type="checkbox"/> CRANK TYPE	H <input type="checkbox"/> SLIDING	M <input type="checkbox"/> WALL	D <input type="checkbox"/> CHANNEL LOCKS	D <input type="checkbox"/> SILENT/RINGER	D <input type="checkbox"/> DRIVE BY
D <input type="checkbox"/> DOUBLE HUNG	I <input type="checkbox"/> OVERHEAD	N <input type="checkbox"/> STAYED ON	E <input type="checkbox"/> PASS KEY	E <input type="checkbox"/> NOT SET	E <input type="checkbox"/> DRUG USER
E <input type="checkbox"/> LOUVERED OR WIND-WING	J <input type="checkbox"/> OTHER	O <input type="checkbox"/> UNKNOWN	F <input type="checkbox"/> BODY FORCE	F <input type="checkbox"/> BYPASSED	F <input type="checkbox"/> PICK-UP
			G <input type="checkbox"/> CUT PADLOCK	G <input type="checkbox"/> DISABLED	G <input type="checkbox"/> FENCE

COMPLETE THE FOLLOWING BOXES IF CRIME AGAINST VICTIM'S VEHICLE OR INCIDENT OCCURRED IN A VEHICLE							
49 YEAR	50 MAKE	51 MODEL	52 BODY STYLE	53 COLOR(S)	54 LICENSE PLATE NUMBER	STATE	YEAR REG.

NARRATIVE

55 CONNECTED REPORTS # AND TYPE									
56 1 <input type="checkbox"/> SUSPECT ARRESTED 2 <input type="checkbox"/> SUSPECT CITED 3 <input type="checkbox"/> SUSPECTS OUTSTANDING 4 <input type="checkbox"/> MEDICAL RELEASE 5 <input type="checkbox"/> EVIDENCE BOOKED 6 <input type="checkbox"/> FIELD EVIDENCE RELEASE									
57 IF INCLUDED IN REPORT 1 <input type="checkbox"/> SUSPECT(S) 2 <input type="checkbox"/> WITNESS(ES) 3 <input type="checkbox"/> ADDITIONAL VICTIM(S) 4 <input type="checkbox"/> SUSPECT VEHICLE 5 <input type="checkbox"/> PROPERTY DESCRIPTION(S) 6 <input type="checkbox"/> PHYSICAL EVIDENCE 7 <input type="checkbox"/> VICTIM STATEMENTS 8 <input type="checkbox"/> WITNESS STATEMENT(S) 9 <input type="checkbox"/> SUSPECT STATEMENT(S) 10 <input type="checkbox"/> OBSERVATIONS									

58 REPORT PREPARED BY	59 BADGE	60 DIV	61 YRS SERV	62 DATE	63 APPROVED BY	64 BADGE
65 ASSISTED BY	66 BADGE	67 DIV	68 YRS SERV	69 TIME	70 DATE	71 TIME

CHAPTER II--SPD 100 FORM INSTRUCTIONS

Box 40

BIAS RELATED--"X" a box to indicate whether or not a bias was the motive. Such offenses are also known as "hate crimes".

Types of Bias

- a) Race or ethnic origin
- b) National origin
- c) Age
- d) Sexual orientation/preference
- e) Religious Belief
- f) Sex
- g) Disability

Bias Related Crimes: Any crime which is committed primarily to injure, degrade or deprive a person of their dignity, well-being, or possessions because of prejudice against their race, nationality, age, sexual preference, sex, religion, or disability.

Example: A group of male white juveniles have been snatching the purses of elderly Asian women. This is not a bias-related crime. The women are easy targets and the crime is committed for monetary gain.

When monetary gain is involved, in order to classify a crime as bias-related, there must be an objective sign of prejudice also committed by the suspect.

If the juveniles were shoving the women to the ground and shouting racial slurs as well as taking their purses, the crime would be bias-related.

Whenever the bias-related box is used the employee shall document the details in the report narrative.

Box 41

DOMESTIC VIOLENCE--"X" the box to indicate whether Domestic Violence occurred, as defined in Department Orders. IF "Complied with 13701 PC" pamphlet given, check box.

Example: If one spouse murders the other, classify the report 187 PC and "X" YES in Box 40.

**SACRAMENTO POLICE DEPARTMENT
CRIME REPORT**

2 REPORT NUMBER	
5 CRIME CLASS CODE	
8 CRIME CLASS CODE	
14 DAY	18 PATROL DISTRICT

1 <input type="checkbox"/> CRIME <input type="checkbox"/> CASUALTY <input type="checkbox"/> BOTH <input type="checkbox"/> JUVENILE INVOLVED
3 CRIME CODE SECTION SOURCE
6 CRIME CODE SECTION SOURCE
9 CSI NOTIFIED <input type="checkbox"/>
15 LOCATION OF OCCURRENCE

4 CRIME DEFINITION	7 CRIME DEFINITION
10 DATE REPORTED	11 TIME REPORTED
12 DATE OCCURRED	13 TIME OCCURRED

V I C T I M	17 NAME/FIRM NAME: <input type="checkbox"/> STATE <input type="checkbox"/> CITY	18 AGE	19 DATE OF BIRTH	20 SEX	21 RACE
	22 RESIDENCE ADDRESS	23 RESIDENCE PHONE ()			
	24 BUSINESS ADDRESS	25 BUSINESS PHONE ()			
	26 INJURED? <input type="checkbox"/>	IF VICTIM WAS INJURED, INDICATED CASUALTY DISPOSITION: CHECK APPROPRIATE BOX A <input type="checkbox"/> TAKEN TO SMC B <input type="checkbox"/> TAKEN HOME C <input type="checkbox"/> CORONER D <input type="checkbox"/> REFUSED AID E <input type="checkbox"/> OTHER: (SPECIFY)			

A D D R E S S	29 <input type="checkbox"/> ADD VIC <input type="checkbox"/> WIT NAME: <input type="checkbox"/> REPORTING PERSON	30 AGE	31 DATE OF BIRTH	32 SEX	33 RACE
	34 RESIDENCE ADDRESS	35 RESIDENCE PHONE ()			
	36 BUSINESS ADDRESS	37 BUSINESS PHONE ()			
	38 INJURED? <input type="checkbox"/>	IF VICTIM WAS INJURED, INDICATE CASUALTY DISPOSITION: CHECK APPROPRIATE BOX A <input type="checkbox"/> TAKEN TO SMC B <input type="checkbox"/> TAKEN HOME C <input type="checkbox"/> CORONER D <input type="checkbox"/> REFUSED AID E <input type="checkbox"/> OTHER: (SPECIFY)			

39 METHOD OF ATTACK: A <input type="checkbox"/> FIREARM B <input type="checkbox"/> KNIFE C <input type="checkbox"/> PHYSICAL/NO WEAPON D <input type="checkbox"/> OTHER WEAPON:	40 BIAS-RELATED <input type="checkbox"/>	41 DOMESTIC VIOLENCE <input type="checkbox"/>	COMPLIED W/ 13701 PC <input type="checkbox"/>	42 GANG RELATED <input type="checkbox"/>
--	---	--	--	---

W H E R E	43 CHECK WHERE APPLICABLE		PUBLIC PREMISES	
	RESIDENCE	BUSINESS		
A <input type="checkbox"/> HOUSE	A <input type="checkbox"/> BANK/SAVINGS & LOAN	K <input type="checkbox"/> CLOTHING STORE	U <input type="checkbox"/> MOTEL/HOTEL	A <input type="checkbox"/> STREET/HIGHWAY/ALLEY
B <input type="checkbox"/> APARTMENT	CREDIT UNION	L <input type="checkbox"/> JEWELRY STORE	V <input type="checkbox"/> WAREHOUSE	B <input type="checkbox"/> SCHOOL
C <input type="checkbox"/> CONDOMINIUM	B <input type="checkbox"/> OFFICE BUILDING	M <input type="checkbox"/> SPORTING GOODS/GUNS	W <input type="checkbox"/> MANUFACTURING FIRM	C <input type="checkbox"/> PARK/PLAYGROUND
D <input type="checkbox"/> MOTEL/HOTEL ROOM	C <input type="checkbox"/> MEDICAL OFFICE	N <input type="checkbox"/> TV/RADIO/APPLIANCES	X <input type="checkbox"/> CONSTRUCTION SITE	D <input type="checkbox"/> PARKING LOT
E <input type="checkbox"/> DUPLEX/FOURPLEX	D <input type="checkbox"/> DRUG STORE	O <input type="checkbox"/> CAR, MOTORCYCLE, OR BICYCLE SALES	Y <input type="checkbox"/> FENCED STORAGE	E <input type="checkbox"/> PUBLIC BUILDING
F <input type="checkbox"/> MOBILE HOME	E <input type="checkbox"/> BAR	P <input type="checkbox"/> PAWNSHOP/SECOND HAND	Z <input type="checkbox"/> BOX CAR	F <input type="checkbox"/> CHURCH
G <input type="checkbox"/> GARAGE ATTACHED	F <input type="checkbox"/> LIQUOR STORE	Q <input type="checkbox"/> LAUNDROMAT/CLEANERS	1 <input type="checkbox"/> LONGHAUL TRAILER	G <input type="checkbox"/> HOSPITAL
H <input type="checkbox"/> GARAGE DETACHED	G <input type="checkbox"/> RESTAURANT/FAST FOOD	R <input type="checkbox"/> COIN OPERATED MACHINES PHONE BOOTH	2 <input type="checkbox"/> PRIVATE SCHOOL	H <input type="checkbox"/> DOWNTOWN MALL
I <input type="checkbox"/> YARD	H <input type="checkbox"/> SUPERMARKET	S <input type="checkbox"/> THEATER/DRIVE-IN	3 <input type="checkbox"/> SPECIALTY SALES REPAIR	I <input type="checkbox"/> BIKE TRAIL
J <input type="checkbox"/> DRIVEWAY	I <input type="checkbox"/> CONVENIENCE STORE	T <input type="checkbox"/> GAS STATION/GARAGE	4 <input type="checkbox"/> OTHER:	J <input type="checkbox"/> SHOPPING CENTER
K <input type="checkbox"/> OTHER:	J <input type="checkbox"/> DEPARTMENT STORE			K <input type="checkbox"/> LIGHT RAIL
				L <input type="checkbox"/> OTHER:

CHECK WHERE APPLICABLE		45 LOCATION OF ENTRY	46 METHOD OF ENTRY	47 ALARMS	48 M.O. STYLE
44 POINT OF ENTRY					
WINDOW	DOOR	OTHER			
A <input type="checkbox"/> NONMOVABLE	F <input type="checkbox"/> SINGLE SWING	K <input type="checkbox"/> FLOOR	A <input type="checkbox"/> UNLOCKED/OPEN	H <input type="checkbox"/> REMOVED	A <input type="checkbox"/> CAT BURGL.
B <input type="checkbox"/> SLIDING	G <input type="checkbox"/> DOUBLE SWING	L <input type="checkbox"/> ROOF	B <input type="checkbox"/> PRIED	I <input type="checkbox"/> EXPLOSIVE	B <input type="checkbox"/> DOOR KICK
C <input type="checkbox"/> CRANK TYPE	H <input type="checkbox"/> SLIDING	M <input type="checkbox"/> WALL	C <input type="checkbox"/> BROKEN GLASS	J <input type="checkbox"/> VEH FORCE	C <input type="checkbox"/> DRUG HOUSE
D <input type="checkbox"/> DOUBLE HUNG	I <input type="checkbox"/> OVERHEAD	N <input type="checkbox"/> STAYED ON PREMISES	D <input type="checkbox"/> CHANNEL LOCKS	K <input type="checkbox"/> UNKNOWN	D <input type="checkbox"/> DRIVE BY
E <input type="checkbox"/> LOUVERED OR WIND-WING	J <input type="checkbox"/> GARAGE	O <input type="checkbox"/> UNKNOWN	E <input type="checkbox"/> PASS KEY	L <input type="checkbox"/> PUNCH LOCK	E <input type="checkbox"/> DRUG USER
			F <input type="checkbox"/> BODY FORCE	M <input type="checkbox"/> SUPLOCK	F <input type="checkbox"/> BYPASSED
			G <input type="checkbox"/> CUT PADLOCK	N <input type="checkbox"/> OTHER	G <input type="checkbox"/> DISABLED

COMPLETE THE FOLLOWING BOXES IF CRIME AGAINST VICTIM'S VEHICLE OR INCIDENT OCCURRED IN A VEHICLE						
49 YEAR	50 MAKE	51 MODEL	52 BODY STYLE	53 COLOR(S)	54 LICENSE PLATE NUMBER	STATE YEAR REG.

NARRATIVE

55 CONNECTED REPORTS # AND TYPE									
56 1 <input type="checkbox"/> SUSPECT ARRESTED 2 <input type="checkbox"/> SUSPECT CITED 3 <input type="checkbox"/> SUSPECTS OUTSTANDING 4 <input type="checkbox"/> MEDICAL RELEASE 5 <input type="checkbox"/> EVIDENCE BOOKED 6 <input type="checkbox"/> FIELD EVIDENCE RELEASE									
57 IF INCLUDED 1 <input type="checkbox"/> SUSPECT(S) 3 <input type="checkbox"/> ADDITIONAL VICTIM(S) 5 <input type="checkbox"/> PROPERTY DESCRIPTION(S) 7 <input type="checkbox"/> VICTIM STATEMENTS 9 <input type="checkbox"/> SUSPECT STATEMENT(S)									
IN REPORT 2 <input type="checkbox"/> WITNESS(ES) 4 <input type="checkbox"/> SUSPECT VEHICLE 6 <input type="checkbox"/> PHYSICAL EVIDENCE 8 <input type="checkbox"/> WITNESS STATEMENT(S) 10 <input type="checkbox"/> OBSERVATIONS									

58 REPORT PREPARED BY	59 BADGE	60 DIV	61 YRS SERV	62 DATE	63 APPROVED BY	64 BADGE
65 ASSISTED BY	66 BADGE	67 DIV	68 YRS SERV	69 TIME	70 DATE	71 TIME

CHAPTER II--SPD 100 FORM INSTRUCTIONS

Box 42 GANG RELATED--"X" a box to indicate whether or not the reported crime is reasonably suspected to be gang-related, or is possibly gang-related. Explain a YES in the narrative.

Box 43 WHERE CRIME OCCURRED--"X" up to three (3) boxes from the residence, business or public premises categories to best describe where the crime occurred. If none of the choices apply, "X" "other" and describe the type of location.

If the crime occurred in a vehicle, "X" the box(es) to best describe the vehicle's location and complete Boxes 49-54.

Box 44 ENTRY TO PREMISES--As applicable, "X" the boxes to best describe where and how initial entry was made.

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Complete this section when entry to any structure, building, room within any building, motor vehicle, railroad car, or vessel is an element of any crime being reported or the entry is an illegal entry.

This section does not apply to Casualty Reports or to unlawful entries to fenced yards, corrals, or open fields.

Box 48 M.O. STYLE--"X" the box(es) which best describes the method used to commit the crime, and to indicate the offense as part of a series or as an attempt.

Box 49 VEHICLE DESCRIPTION--Enter the best description available if the crime occurred against the victim's vehicle or in any vehicle except that of the suspect. Write "See suspect vehicle" as applicable.

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NARRATIVE SECTION--May only be used when completing a one (1) page report

Box 55 CONNECT-UP #/TYPE--List all other reports related to the circumstances reported, by report number and type. Include reports from previous dates. If one previous report has been indicated as a reference for a crime series or specific circumstance, its number alone may be entered.

If outside agency report numbers are listed, indicate the agency name.

**SACRAMENTO POLICE DEPARTMENT
CRIME REPORT**

2 REPORT NUMBER	
5 CRIME CLASS CODE	8 CRIME CLASS CODE
13 TIME OCCURRED	14 DAY
16 PATROL DISTRICT	

1 <input type="checkbox"/> CRIME <input type="checkbox"/> CASUALTY <input type="checkbox"/> BOTH <input type="checkbox"/> JUVENILE INVOLVED
3 CRIME CODE SECTION SOURCE
6 CRIME CODE SECTION SOURCE
9 CSI NOTIFIED <input type="checkbox"/>
15 LOCATION OF OCCURRENCE

4 CRIME DEFINITION	7 CRIME DEFINITION	
10 DATE REPORTED	11 TIME REPORTED	12 DATE OCCURRED

V I C T I M	17 NAME/FIRM NAME <input type="checkbox"/> STATE <input type="checkbox"/> CITY	18 AGE	19 DATE OF BIRTH	20 SEX	21 RACE	
	22 RESIDENCE ADDRESS	23 RESIDENCE PHONE ()				
	24 BUSINESS ADDRESS	25 BUSINESS PHONE ()				
	26 INJURED? <input type="checkbox"/> IF VICTIM WAS INJURED, INDICATED CASUALTY DISPOSITION: CHECK APPROPRIATE BOX A <input type="checkbox"/> TAKEN TO SMC B <input type="checkbox"/> TAKEN HOME C <input type="checkbox"/> CORONER D <input type="checkbox"/> REFUSED AID E <input type="checkbox"/> OTHER: (SPECIFY) _____					
27 SPECIFY EXTENT OF INJURY					TRANSPORTED BY	28 VICTIM'S RELATIONSHIP TO SUSPECT:

A D D / P E R S O N	29 <input type="checkbox"/> ADD VIC <input type="checkbox"/> WIT NAME: <input type="checkbox"/> REPORTING PERSON	30 AGE	31 DATE OF BIRTH	32 SEX	33 RACE
	34 RESIDENCE ADDRESS	35 RESIDENCE PHONE ()			
	36 BUSINESS ADDRESS	37 BUSINESS PHONE ()			
	38 INJURED? <input type="checkbox"/> IF VICTIM WAS INJURED, INDICATE CASUALTY DISPOSITION: CHECK APPROPRIATE BOX A <input type="checkbox"/> TAKEN TO SMC B <input type="checkbox"/> TAKEN HOME C <input type="checkbox"/> CORONER D <input type="checkbox"/> REFUSED AID E <input type="checkbox"/> OTHER: (SPECIFY) _____				

39 METHOD OF ATTACK: A <input type="checkbox"/> FIREARM B <input type="checkbox"/> KNIFE C <input type="checkbox"/> PHYSICAL/NO WEAPON D <input type="checkbox"/> OTHER WEAPON: _____	40 BIAS-RELATED <input type="checkbox"/>	41 DOMESTIC VIOLENCE <input type="checkbox"/>	COMPLIED W/ 13701 PC <input type="checkbox"/>	42 GANG RELATED <input type="checkbox"/>
--	--	---	---	--

W H E R E	43 CHECK WHERE APPLICABLE		PUBLIC PREMISES			
	RESIDENCE	BUSINESS	A <input type="checkbox"/> STREET/HIGHWAY/ALLEY	B <input type="checkbox"/> SCHOOL	C <input type="checkbox"/> PARK/PLAYGROUND	D <input type="checkbox"/> PARKING LOT
A <input type="checkbox"/> HOUSE	A <input type="checkbox"/> BANK/SAVINGS & LOAN	K <input type="checkbox"/> CLOTHING STORE	U <input type="checkbox"/> MOTEL/HOTEL	V <input type="checkbox"/> WAREHOUSE	W <input type="checkbox"/> MANUFACTURING FIRM	X <input type="checkbox"/> CONSTRUCTION SITE
B <input type="checkbox"/> APARTMENT	B <input type="checkbox"/> CREDIT UNION	L <input type="checkbox"/> JEWELRY STORE	Y <input type="checkbox"/> FENCED STORAGE	Z <input type="checkbox"/> BOX CAR	1 <input type="checkbox"/> LONGHAUL TRAILER	2 <input type="checkbox"/> PRIVATE SCHOOL
C <input type="checkbox"/> CONDOMINIUM	C <input type="checkbox"/> OFFICE BUILDING	M <input type="checkbox"/> SPORTING GOODS/GUNS	P <input type="checkbox"/> PAWNSHOP/SECOND HAND	Q <input type="checkbox"/> LAUNDROMAT/CLEANERS	R <input type="checkbox"/> COIN OPERATED MACHINES	S <input type="checkbox"/> THEATER/DRIVE-IN
D <input type="checkbox"/> MOTEL/HOTEL ROOM	D <input type="checkbox"/> MEDICAL OFFICE	N <input type="checkbox"/> TV/RADIO/APPLIANCES	PHONE BOOTH	T <input type="checkbox"/> GAS STATION/GARAGE		
E <input type="checkbox"/> DUPLEX/FOURPLEX	E <input type="checkbox"/> DRUG STORE	O <input type="checkbox"/> CAR, MOTORCYCLE, OR BICYCLE SALES				
F <input type="checkbox"/> MOBILE HOME	F <input type="checkbox"/> LIQUOR STORE					
G <input type="checkbox"/> GARAGE ATTACHED	G <input type="checkbox"/> RESTAURANT/FAST FOOD					
H <input type="checkbox"/> GARAGE DETACHED	H <input type="checkbox"/> SUPERMARKET					
I <input type="checkbox"/> YARD	I <input type="checkbox"/> CONVENIENCE STORE					
J <input type="checkbox"/> DRIVEWAY	J <input type="checkbox"/> DEPARTMENT STORE					
K <input type="checkbox"/> OTHER						

CHECK WHERE APPLICABLE			45 LOCATION OF ENTRY	46 METHOD OF ENTRY	47 ALARMS	48 M.O. STYLE
44 POINT OF ENTRY			A <input type="checkbox"/> FRONT	A <input type="checkbox"/> UNLOCKED/OPEN	H <input type="checkbox"/> REMOVED	A <input type="checkbox"/> CAT BURGL.
WINDOW	DOOR	OTHER	B <input type="checkbox"/> REAR	B <input type="checkbox"/> PRIED	I <input type="checkbox"/> EXPLOSIVE	F <input type="checkbox"/> PICK-UP
A <input type="checkbox"/> NONMOVABLE	F <input type="checkbox"/> SINGLE SWING	K <input type="checkbox"/> FLOOR	C <input type="checkbox"/> SIDE	C <input type="checkbox"/> BROKEN GLASS	J <input type="checkbox"/> VEH FORCE	B <input type="checkbox"/> DOOR KICK
B <input type="checkbox"/> SLIDING	G <input type="checkbox"/> DOUBLE SWING	L <input type="checkbox"/> ROOF	D <input type="checkbox"/> OTHER	D <input type="checkbox"/> CHANNEL LOCKS	K <input type="checkbox"/> UNKNOWN	C <input type="checkbox"/> DRUG HOUSE
C <input type="checkbox"/> CRANK TYPE	H <input type="checkbox"/> SLIDING	M <input type="checkbox"/> WALL	E <input type="checkbox"/> TOP	E <input type="checkbox"/> PASS KEY	L <input type="checkbox"/> PUNCH LOCK	D <input type="checkbox"/> DRIVE BY
D <input type="checkbox"/> DOUBLE HUNG	I <input type="checkbox"/> OVERHEAD	N <input type="checkbox"/> STAYED ON PREMISES		F <input type="checkbox"/> BODY FORCE	M <input type="checkbox"/> SLPLOCK	E <input type="checkbox"/> DRUG USER
E <input type="checkbox"/> LOUVERED OR WIND-WING	J <input type="checkbox"/> OTHER	O <input type="checkbox"/> UNKNOWN		G <input type="checkbox"/> CUT PADLOCK	N <input type="checkbox"/> OTHER	I <input type="checkbox"/> SERIES
						J <input type="checkbox"/> ATTEMPT
						K <input type="checkbox"/> OTHER

COMPLETE THE FOLLOWING BOXES IF CRIME AGAINST VICTIM'S VEHICLE OR INCIDENT OCCURRED IN A VEHICLE							
49 YEAR	50 MAKE	51 MODEL	52 BODY STYLE	53 COLOR(S)	54 LICENSE PLATE NUMBER	STATE	YEAR REG.

NARRATIVE

55 CONNECTED REPORTS # AND TYPE									
56 1 <input type="checkbox"/> SUSPECT ARRESTED 2 <input type="checkbox"/> SUSPECT CITED 3 <input type="checkbox"/> SUSPECTS OUTSTANDING 4 <input type="checkbox"/> MEDICAL RELEASE 5 <input type="checkbox"/> EVIDENCE BOOKED 6 <input type="checkbox"/> FIELD EVIDENCE RELEASE									
57 IF INCLUDED 1 <input type="checkbox"/> SUSPECT(S) 3 <input type="checkbox"/> ADDITIONAL VICTIM(S) 5 <input type="checkbox"/> PROPERTY DESCRIPTION(S) 7 <input type="checkbox"/> VICTIM STATEMENTS 8 <input type="checkbox"/> SUSPECT STATEMENT(S)									
IN REPORT 2 <input type="checkbox"/> WITNESS(ES) 4 <input type="checkbox"/> SUSPECT VEHICLE 6 <input type="checkbox"/> PHYSICAL EVIDENCE 8 <input type="checkbox"/> WITNESS STATEMENT(S) 10 <input type="checkbox"/> OBSERVATIONS									

58 REPORT PREPARED BY	59 BADGE	60 DIV	61 YRS SERV	62 DATE	63 APPROVED BY	64 BADGE
65 ASSISTED BY	66 BADGE	67 DIV	68 YRS SERV	69 TIME	70 DATE	71 TIME

PAGE 1 OF _____

CHAPTER II--SPD 100 FORM INSTRUCTIONS

Box 56 SUSPECTS ARRESTED/SUSPECTS OUTSTANDING--If suspects have been arrested or cited and suspects may be outstanding, "X" the "suspects outstanding" box.

"X" Box 1, 2, or 3 if a suspect was booked or cited, even if others are outstanding.

"X" Box 4 if any victim signed the medical release form, which has been consolidated in SPD 152, Child Custody Release Form, and is no longer printed on the back of the SPD 100. Obtain a release from victims who are treated at a hospital.

"X" Box 5 if any evidence was booked.

"X" Box 6 if evidence was released to a victim or agent. Such evidence must be listed and signed for on Property Supplement Report (SPD 110), as it is no longer on the back of the SPD 100. Also list the property on the Property Supplement Report (SPD 110).

Box 57 IF INCLUDED IN REPORT--"X" applicable boxes to indicate what appears in the rest of the report.

Box 58-
62&69
& 65-68 REPORT PREPARED BY--Employees preparing this page shall place their first initial and name, 4 digit I.D. number and division number in boxes 58-62 and 69, and the same information in boxes 65-68 for a second employee who assisted in the entire report.

NOTE: If more than one (1) employee prepares the report, the name, 4 digit I.D. number and "division" number of the employee who actually prepares each page appears above that of any other assisting employee.

Box 63-
64, &
70-71 APPROVED BY/BADGE/DATE/TIME--Entered by the approving supervisor.

CHAPTER II-SPD 100 FORM INSTRUCTIONS

BACK PAGE - FOR USE AS A SINGLE PAGE REPORT ONLY

- Box 1 REPORT NUMBER--Same as Report Number in Box 2 on front page.
- Box 2 VICTIM'S NAME--Same as Box 17 on front page.
- Box 3 CRIME CODE SECTION--Same as Boxes 3 & 6 on front page.
- Box 4 FILL IN TOTALS FOR STOLEN/RECOVERED PROPERTY ONLY--Where appropriate, check A through J using the applicable Involvement Codes (i.e., S-Stolen, R-Recovered, L-Lost, F-Found).
- Box 5 ITEM #--Enter Item number(s) for item(s) to be listed.
- Box 6 QUANTITY--Enter the number of identical items described. If the items are not identical, list them separately.
- Example: ITEM # QTY ARTICLE
 1-3 3 Brass Alarm Clocks
- Box 7 ARTICLE--Enter the item to be described.
- Box 8 BRAND--Enter the brand name or manufacturer's name.
- Box 9 MODEL--Enter the model number or name.
- Box 10 VALUE--Enter the victim's estimated value for the single item.
- Box 11 INV CODE--Enter the involvement code(s) as listed. More than one (1) code may be entered.
- Box 12 CATEGORY--Enter the category in Boxes A through J, from Box 4, as applicable to the item listed.
- Box 13 SERIAL NO.--Enter the serial number, if available.
- Box 14 WEAPON TYPE--If the item was a firearm, enter the type, such as a rifle, shotgun, revolver, etc.
- Box 15 WEAPON CAT.--Enter the action of the firearm, such a bolt-action, semi-automatic, pump-action, etc.

FOR USE IN
SINGLE PAGE REPORT
ONLY

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2. VICTIM NAME	3. CRIME CODE SECTION
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NARRATIVE, Continued: _____

Involvement Codes: S - Stolen R - Recovered L - Lost F - Found

4. FILL IN TOTALS FOR STOLEN/RECOVERED PROPERTY ONLY

A. CURRENCY/NOTES	B. JEWELRY/METALS	C. CLOTHING/FURS	D. OFFICE EQUIPMENT	E. TV/RADIO ETC.	F. FIREARMS	G. HOUSEHOLD GOODS	H. CONSUMABLE GOODS	I. LIVESTOCK	J. MISC.
STOLEN \$	STOLEN \$	STOLEN \$	STOLEN \$	STOLEN \$	STOLEN \$	STOLEN \$	STOLEN \$	STOLEN \$	STOLEN \$
RECOVERED \$	RECOVERED \$	RECOVERED \$	RECOVERED \$	RECOVERED \$	RECOVERED \$	RECOVERED \$	RECOVERED \$	RECOVERED \$	RECOVERED \$

5. ITEM #	6. QUANTITY	7. ARTICLE	8. BRAND	9. MODEL	10. VALUE
11. INV CODE	12. CATEGORY	13. SERIAL NO.	14. WEAPON TYPE		15. WEAP CAT.
17. COLOR		18. ADDITIONAL DESCRIPTION			

ITEM #	QUANTITY	ARTICLE	BRAND	MODEL	VALUE
INV CODE	CATEGORY	SERIAL NO.	WEAPON TYPE		WEAP CAT.
COLOR		ADDITIONAL DESCRIPTION			

ITEM #	QUANTITY	ARTICLE	BRAND	MODEL	VALUE
INV CODE	CATEGORY	SERIAL NO.	WEAPON TYPE		WEAP CAT.
COLOR		ADDITIONAL DESCRIPTION			

ITEM #	QUANTITY	ARTICLE	BRAND	MODEL	VALUE
INV CODE	CATEGORY	SERIAL NO.	WEAPON TYPE		WEAP CAT.
COLOR		ADDITIONAL DESCRIPTION			

ITEM #	QUANTITY	ARTICLE	BRAND	MODEL	VALUE
INV CODE	CATEGORY	SERIAL NO.	WEAPON TYPE		WEAP CAT.
COLOR		ADDITIONAL DESCRIPTION			

19. REPORT PREPARED BY	20. BADGE	21. DIV	22. DATE	23. APPROVED BY	24. BADGE
25. ASSISTED BY	26. BADGE	27. DIV	28. TIME	29. DATE	30. TIME

CHAPTER II-SPD 100 FORM INSTRUCTIONS

- Box 16 CALIBER--Enter the caliber of the firearm.
- Box 17 COLOR--Enter the color(s) of the item.
- Box 18 ADDITIONAL DESCRIPTION--Enter any additional description of the item, such as owner's social security number engraved on T.V., etc.
- Box 19-
22, & 28 REPORT PREPARED BY--Employees preparing this page shall place their first initial and name, 4 digit I.D. number, and division number in Boxes 19-22 & 28.
- Box 25-
27 ASSISTED BY--Employees who assisted in preparing this page shall place their first initial and name, 4 digit I.D. number, and division number in Boxes 25-27.
- Box 23-
30 APPROVED BY/BADGE/DATE/TIME--Entered by the approving supervisor.

- CRIME REPORT SUPPLEMENT
- MOTOR VEHICLE SUPPLEMENT
- INCIDENT SUPPLEMENT
- CASUALTY SUPPLEMENT

**SACRAMENTO POLICE DEPARTMENT
ADDITIONAL PERSONS/SUSPECT VEHICLE
SUPPLEMENT**

1	REPORT NUMBER

2 VICTIM'S NAME	3 CRIME CODE SECTION
-----------------	----------------------

4A <input type="checkbox"/> SUSPECT ONLY B <input type="checkbox"/> BOOKED: CHARGES: C <input type="checkbox"/> CITED: CITATION # D <input type="checkbox"/> WITNESS E <input type="checkbox"/> ADDL VICTIM <input type="checkbox"/> NOT INJURED <input type="checkbox"/> INJURED	6 NAME					7 AKA / NICKNAME							
	8 RESIDENCE ADDRESS								9 RESIDENCE PHONE ()				
	10 BUSINESS / SCHOOL ADDRESS								11 BUSINESS PHONE ()				
	12 AGE	13 D.O.B.	14 SEX	15 RACE	16 OLN	STATE	17 SOCIAL SECURITY NUMBER						
18 HEIGHT			19 WEIGHT		20 HAIR COLOR / STYLE / LENGTH					21 EYE COLOR		22 BUILD	
23 COMPK <input type="checkbox"/> LIGHT <input type="checkbox"/> DARK <input type="checkbox"/> MEDIUM <input type="checkbox"/> ACNE		24 FACIAL HAIR <input type="checkbox"/> FULL <input type="checkbox"/> LONG <input type="checkbox"/> SHORT <input type="checkbox"/> THIN COLOR		25 HAT <input type="checkbox"/> BALLCAP <input type="checkbox"/> WATCH <input type="checkbox"/> UNIFORM		26 MASK <input type="checkbox"/> CLOTH <input type="checkbox"/> HALLOWEEN <input type="checkbox"/> NYLON		27 GLASSES <input type="checkbox"/> CLEAR <input type="checkbox"/> TINTED <input type="checkbox"/> SUN		28 GLOVES <input type="checkbox"/> CLOTH <input type="checkbox"/> RUBBER <input type="checkbox"/> LEATHER		29 SHOES <input type="checkbox"/> COWBOY BOOTS <input type="checkbox"/> WORK BOOTS <input type="checkbox"/> TENNIS / SPORT <input type="checkbox"/> DRESS <input type="checkbox"/> HEEL <input type="checkbox"/> SANDAL	
30 UPPER BODY CLOTHING / COLOR						31 LOWER BODY CLOTHING / COLOR							
32 GEN APP <input type="checkbox"/> CONSER <input type="checkbox"/> DIRTY <input type="checkbox"/> CLEAN <input type="checkbox"/> FLASHY		33 Demeanor <input type="checkbox"/> HOSTILE <input type="checkbox"/> IRRATIONAL <input type="checkbox"/> NERVOUS <input type="checkbox"/> APOLOGETIC <input type="checkbox"/> PROFESSIONAL <input type="checkbox"/> FRIENDLY		34 TRADE MARKS SPEECH: <input type="checkbox"/> ACCENT VOICE: <input type="checkbox"/> LIPS <input type="checkbox"/> MUMBLER <input type="checkbox"/> DIFFERENT <input type="checkbox"/> QUIET		35 PROBABLE GANG NAME		36 WEAPON TYPE _____ COLOR _____ CALIBER _____					
5 CASUALTY DISPOSITION A <input type="checkbox"/> TAKEN TO HOSPITAL B <input type="checkbox"/> TAKEN HOME C <input type="checkbox"/> CORONER D <input type="checkbox"/> OTHER:				37 <input type="checkbox"/> PAROLE <input type="checkbox"/> PROBATION <input type="checkbox"/> SEARCHABLE <input type="checkbox"/> ADULT <input type="checkbox"/> JUV		38 TYPE <input type="checkbox"/> SCARS <input type="checkbox"/> MARKS <input type="checkbox"/> TATTOO <input type="checkbox"/> PNT CHAR		39 SPECIFIC LOCATION: <input type="checkbox"/> LEFT: <input type="checkbox"/> RIGHT:		40 DESCRIPTION:		41 COLOR	
42 ADDITIONAL DESCRIPTION / CASUALTY INFORMATION:													
TRANSPORTING UNIT:													

4A <input type="checkbox"/> SUSPECT ONLY B <input type="checkbox"/> BOOKED: CHARGES: C <input type="checkbox"/> CITED: CITATION # D <input type="checkbox"/> WITNESS E <input type="checkbox"/> ADDL VICTIM <input type="checkbox"/> NOT INJURED <input type="checkbox"/> INJURED	6 NAME					7 AKA / NICKNAME							
	8 RESIDENCE ADDRESS								9 RESIDENCE PHONE ()				
	10 BUSINESS / SCHOOL ADDRESS								11 BUSINESS PHONE ()				
	12 AGE	13 D.O.B.	14 SEX	15 RACE	16 OLN	STATE	17 SOCIAL SECURITY NUMBER						
18 HEIGHT			19 WEIGHT		20 HAIR COLOR / STYLE / LENGTH					21 EYE COLOR		22 BUILD	
23 COMPK <input type="checkbox"/> LIGHT <input type="checkbox"/> DARK <input type="checkbox"/> MEDIUM <input type="checkbox"/> ACNE		24 FACIAL HAIR <input type="checkbox"/> FULL <input type="checkbox"/> LONG <input type="checkbox"/> SHORT <input type="checkbox"/> THIN COLOR		25 HAT <input type="checkbox"/> BALLCAP <input type="checkbox"/> WATCH <input type="checkbox"/> UNIFORM		26 MASK <input type="checkbox"/> CLOTH <input type="checkbox"/> HALLOWEEN <input type="checkbox"/> NYLON		27 GLASSES <input type="checkbox"/> CLEAR <input type="checkbox"/> TINTED <input type="checkbox"/> SUN		28 GLOVES <input type="checkbox"/> CLOTH <input type="checkbox"/> RUBBER <input type="checkbox"/> LEATHER		29 SHOES <input type="checkbox"/> COWBOY BOOTS <input type="checkbox"/> WORK BOOTS <input type="checkbox"/> TENNIS / SPORT <input type="checkbox"/> DRESS <input type="checkbox"/> HEEL <input type="checkbox"/> SANDAL	
30 UPPER BODY CLOTHING / COLOR						31 LOWER BODY CLOTHING / COLOR							
32 GEN APP <input type="checkbox"/> CONSER <input type="checkbox"/> DIRTY <input type="checkbox"/> CLEAN <input type="checkbox"/> FLASHY		33 Demeanor <input type="checkbox"/> HOSTILE <input type="checkbox"/> IRRATIONAL <input type="checkbox"/> NERVOUS <input type="checkbox"/> APOLOGETIC <input type="checkbox"/> PROFESSIONAL <input type="checkbox"/> FRIENDLY		34 TRADE MARKS SPEECH: <input type="checkbox"/> ACCENT VOICE: <input type="checkbox"/> LIPS <input type="checkbox"/> MUMBLER <input type="checkbox"/> DIFFERENT <input type="checkbox"/> QUIET		35 PROBABLE GANG NAME		36 WEAPON TYPE _____ COLOR _____ CALIBER _____					
5 CASUALTY DISPOSITION A <input type="checkbox"/> TAKEN TO HOSPITAL B <input type="checkbox"/> TAKEN HOME C <input type="checkbox"/> CORONER D <input type="checkbox"/> OTHER:				37 <input type="checkbox"/> PAROLE <input type="checkbox"/> PROBATION <input type="checkbox"/> SEARCHABLE <input type="checkbox"/> ADULT <input type="checkbox"/> JUV		38 TYPE <input type="checkbox"/> SCARS <input type="checkbox"/> MARKS <input type="checkbox"/> TATTOO <input type="checkbox"/> PNT CHAR		39 SPECIFIC LOCATION: <input type="checkbox"/> LEFT: <input type="checkbox"/> RIGHT:		40 DESCRIPTION:		41 COLOR	
42 ADDITIONAL DESCRIPTION / CASUALTY INFORMATION:													
TRANSPORTING UNIT:													

SUSPECT VEHICLE <input type="checkbox"/> AUTO <input type="checkbox"/> TRUCK <input type="checkbox"/> MOTORCYCLE <input type="checkbox"/> MOTORHOME <input type="checkbox"/> VAN <input type="checkbox"/> BICYCLE	43 VEHICLE TYPE		44 YEAR	45 MAKE		46 MODEL		47 BODY STYLE	48 VEHICLE COLOR(S)		49 USED BY:		
	50 LICENSE PLATE NUMBER			STATE	51 YEAR	52 LIC PLATE COLORS		53 REGISTERED OWNER / ADDRESS:					
54 DAMAGE <input type="checkbox"/> TOP <input type="checkbox"/> FRONT END <input type="checkbox"/> LEFT REAR <input type="checkbox"/> LEFT FRONT <input type="checkbox"/> LEFT SIDE <input type="checkbox"/> REAR END <input type="checkbox"/> RIGHT REAR <input type="checkbox"/> RIGHT FRONT <input type="checkbox"/> RIGHT SIDE		55 FEATURES <input type="checkbox"/> C/PAIN <input type="checkbox"/> C/DESIGN <input type="checkbox"/> DECAL <input type="checkbox"/> MISS/PARTS		56 INTERIOR <input type="checkbox"/> BUCKET SEATS <input type="checkbox"/> BENCH SEATS <input type="checkbox"/> CUSTOMIZED <input type="checkbox"/> SHIFTS/THD		57 EXTERIOR <input type="checkbox"/> STEREO TAPE <input type="checkbox"/> STICKER/DECAL <input type="checkbox"/> EQUIP ADD <input type="checkbox"/> OR MISSING		58 MODIFIED <input type="checkbox"/> P/STRIPED <input type="checkbox"/> RUST/PRIMER <input type="checkbox"/> CAMPER SHELL <input type="checkbox"/> RACK		59 WHEELS <input type="checkbox"/> LOWERED <input type="checkbox"/> RAISED <input type="checkbox"/> HYDRAULICS		60 WINDOWS <input type="checkbox"/> BROKEN <input type="checkbox"/> MISSING <input type="checkbox"/> TINTED	
								61 LIGHTS OUT <input type="checkbox"/> LEFT FRONT <input type="checkbox"/> LEFT REAR <input type="checkbox"/> RIGHT FRONT <input type="checkbox"/> RIGHT REAR		62 CONDITION <input type="checkbox"/> POOR <input type="checkbox"/> FAIR <input type="checkbox"/> GOOD <input type="checkbox"/> EXCELLENT			

63 REPORTED BY		64 BADGE	65 DIV	66 ASSISTED BY		67 BADGE	68 DIV	69 APPROVED BY		70 BADGE
----------------	--	----------	--------	----------------	--	----------	--------	----------------	--	----------

71 DATE	72 TIME
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CHAPTER III--SPD 104 FORM INSTRUCTIONSADDITIONAL PERSON/SUSPECT VEHICLE SUPPLEMENT FORM

Any person who is material to the crime, incident or information being reported, and who is not listed on the initial page of the report, shall be identified on this form. In the upper left corner of the Additional Persons/Suspect Vehicle form, check the box to indicate which type of Police Report this form is supplementing.

If there are no additional material persons or suspect vehicles, this form shall not be used. If more than two additional persons or more than one suspect vehicle are identified or described, use additional forms.

If this form is required for an original report, it shall be placed immediately under the initial page and numbered sequentially beginning with page 2.

If the form is used to supplement an earlier report, it shall be used as the top page(s), numbered sequentially beginning with page 1.

Box 1 REPORT NUMBER--Enter the report number assigned to the report.

Box 2 VICTIM'S NAME--Use the primary victim from the report.

Box 3 CRIME CODE SECTION--Enter the crime code section or incident type of the report being supplemented.

Box 4 "X" only one box to categorize the person being listed. Each person shall be identified only once as either:

- A. A Suspect Only - Suspect was not booked or cited.
- B. A Booked Person - Suspect was booked on the charges indicated.
- C. A Cited Person - Suspect was cited. Indicate the citation number.
- D. A Witness - Person witnessed the incident.
- E. As Additional Victim - "X" a box to indicate injured or non-injured. If injured, enter the casualty disposition in Box 5, and the nature and extent of injury in Box 42. Follow the same instructions as for Boxes 26 and 27 of the Crime/Casualty Report.

CHAPTER III--SPD 104 FORM INSTRUCTIONS

If a suspect was injured, complete Boxes 5 and 42, but do not "X" another box in Box 4.

If the suspect was not apprehended, document what is known or reported about injuries.

Box 5 CASUALTY DISPOSITION/TRANSPORTING UNIT--Complete as applicable. See comments above for Box 4.

Box 6 ADDITIONAL PERSON INFORMATION--Complete Boxes 6-15 for all additional persons.
-15

When an additional person is a suspect, also complete Boxes 16-42, as applicable.

If a business is the additional victim, use Box 6.

Do list the State of California or the City of Sacramento as an additional victim for a property crime, but do not list either solely because the suspect faces charges that have no other victim.

Do list the Reporting Person again as a victim or suspect; but not as a witness.

Box 16 OPERATOR'S LICENSE NUMBER--Enter the operator's license number and state. If the suspect has only a state I.D. card, enter that number and state and note it as an I.D. card.

Box 17 SOCIAL SECURITY NUMBER--Enter the suspect's social security number.

Box 18 HEIGHT--Enter the actual or estimated height of the suspect.

Box 19 WEIGHT--Enter the actual or estimated weight of the suspect.

Box 20 HAIR COLOR/STYLE/LENGTH--Enter the suspect's hair description.

Box 21 EYE COLOR--Enter the suspect's eye color.

Box 22 BUILD--Enter the suspect's build.

- CRIME REPORT SUPPLEMENT
- MOTOR VEHICLE SUPPLEMENT
- INCIDENT SUPPLEMENT
- CASUALTY SUPPLEMENT

SACRAMENTO POLICE DEPARTMENT ADDITIONAL PERSONS/SUSPECT VEHICLE SUPPLEMENT

1 REPORT NUMBER
3 CRIME CODE SECTION

2 VICTIMS NAME		6 NAME		7 AKA / NICKNAME											
4A <input type="checkbox"/> SUSPECT ONLY B <input type="checkbox"/> BOOKED: CHARGES:		8 RESIDENCE ADDRESS				9 RESIDENCE PHONE ()									
		10 BUSINESS / SCHOOL ADDRESS				11 BUSINESS PHONE ()									
C <input type="checkbox"/> CITED: CITATION #		12 AGE	13 D.O.B.	14 SEX	15 RACE	16 OLN	STATE	17 SOCIAL SECURITY NUMBER							
		18 HEIGHT		19 WEIGHT		20 HAIR COLOR / STYLE / LENGTH			21 EYE COLOR	22 BUILD					
D <input type="checkbox"/> WITNESS E <input type="checkbox"/> ADDL VICTIM <input type="checkbox"/> NOT INJURED <input type="checkbox"/> INJURED		23 COMPLEXION <input type="checkbox"/> LIGHT <input type="checkbox"/> DARK <input type="checkbox"/> MEDIUM <input type="checkbox"/> ACNE		24 FACIAL HAIR <input type="checkbox"/> FULL <input type="checkbox"/> LONG <input type="checkbox"/> SHORT <input type="checkbox"/> THIN COLOR		25 HAT <input type="checkbox"/> BALLCAP <input type="checkbox"/> WATCH <input type="checkbox"/> UNIFORM		26 MASK <input type="checkbox"/> CLOTH <input type="checkbox"/> HALLOWEEN <input type="checkbox"/> NYLON		27 GLASSES <input type="checkbox"/> CLEAR <input type="checkbox"/> TINTED <input type="checkbox"/> SUN		28 GLOVES <input type="checkbox"/> CLOTH <input type="checkbox"/> RUBBER <input type="checkbox"/> SURGICAL <input type="checkbox"/> LEATHER		29 SHOES <input type="checkbox"/> COWBOY BOOTS <input type="checkbox"/> WORK BOOTS <input type="checkbox"/> TENNIS / SPORT <input type="checkbox"/> DRESS HEEL <input type="checkbox"/> SANDAL	
		30 UPPER BODY CLOTHING / COLOR						31 LOWER BODY CLOTHING / COLOR							
5 CASUALTY DISPOSITION A <input type="checkbox"/> TAKEN TO HOSPITAL B <input type="checkbox"/> TAKEN HOME C <input type="checkbox"/> CORONER D <input type="checkbox"/> OTHER:		32 GEN APP <input type="checkbox"/> CONSER <input type="checkbox"/> DIRTY <input type="checkbox"/> CLEAN <input type="checkbox"/> FLASHY		33 Demeanor <input type="checkbox"/> HOSTILE <input type="checkbox"/> UNUSUAL <input type="checkbox"/> NERVOUS <input type="checkbox"/> APOLOGETIC <input type="checkbox"/> PROFESSIONAL <input type="checkbox"/> FRIENDLY		34 TRADE MARKS SPEECH <input type="checkbox"/> ACCENT <input type="checkbox"/> LISPS <input type="checkbox"/> MUMBLERS <input type="checkbox"/> OFFENSIVE <input type="checkbox"/> QUIET		VOICE <input type="checkbox"/> DIST <input type="checkbox"/> LOUD <input type="checkbox"/> NASAL <input type="checkbox"/> RASPY <input type="checkbox"/> SOFT		SUSPECT ACTION <input type="checkbox"/> USED LOCK OUT <input type="checkbox"/> UNUSUAL DOOR <input type="checkbox"/> RANSACKED <input type="checkbox"/> SMALL WEAPON <input type="checkbox"/> UNUSUAL SEX		35 PROBABLE GANG NAME		36 WEAPON TYPE _____ COLOR _____ CALIBER _____	
		37 <input type="checkbox"/> PAROLE <input type="checkbox"/> PROBATION <input type="checkbox"/> SEARCHABLE <input type="checkbox"/> ADULT <input type="checkbox"/> JUV.		38 TYPE <input type="checkbox"/> BEARS MARKS <input type="checkbox"/> TATTOOS <input type="checkbox"/> PIV CHAIR		39 SPECIFIC LOCATION: <input type="checkbox"/> LEFT; <input type="checkbox"/> RIGHT;		40 DESCRIPTION:		41 COLOR					
P.O. NAME:		42 ADDITIONAL DESCRIPTION / CASUALTY INFORMATION:													
TRANSPORTING UNIT:															

4A <input type="checkbox"/> SUSPECT ONLY B <input type="checkbox"/> BOOKED: CHARGES:		6 NAME		7 AKA / NICKNAME											
C <input type="checkbox"/> CITED: CITATION #		8 RESIDENCE ADDRESS				9 RESIDENCE PHONE ()									
		10 BUSINESS / SCHOOL ADDRESS				11 BUSINESS PHONE ()									
D <input type="checkbox"/> WITNESS E <input type="checkbox"/> ADDL VICTIM <input type="checkbox"/> NOT INJURED <input type="checkbox"/> INJURED		12 AGE	13 D.O.B.	14 SEX	15 RACE	16 OLN	STATE	17 SOCIAL SECURITY NUMBER							
		18 HEIGHT		19 WEIGHT		20 HAIR COLOR / STYLE / LENGTH			21 EYE COLOR	22 BUILD					
5 CASUALTY DISPOSITION A <input type="checkbox"/> TAKEN TO HOSPITAL B <input type="checkbox"/> TAKEN HOME C <input type="checkbox"/> CORONER D <input type="checkbox"/> OTHER:		23 COMPLEXION <input type="checkbox"/> LIGHT <input type="checkbox"/> DARK <input type="checkbox"/> MEDIUM <input type="checkbox"/> ACNE		24 FACIAL HAIR <input type="checkbox"/> FULL <input type="checkbox"/> LONG <input type="checkbox"/> SHORT <input type="checkbox"/> THIN COLOR		25 HAT <input type="checkbox"/> BALLCAP <input type="checkbox"/> WATCH <input type="checkbox"/> UNIFORM		26 MASK <input type="checkbox"/> CLOTH <input type="checkbox"/> HALLOWEEN <input type="checkbox"/> NYLON		27 GLASSES <input type="checkbox"/> CLEAR <input type="checkbox"/> TINTED <input type="checkbox"/> SUN		28 GLOVES <input type="checkbox"/> CLOTH <input type="checkbox"/> RUBBER <input type="checkbox"/> SURGICAL <input type="checkbox"/> LEATHER		29 SHOES <input type="checkbox"/> COWBOY BOOTS <input type="checkbox"/> WORK BOOTS <input type="checkbox"/> TENNIS / SPORT <input type="checkbox"/> DRESS HEEL <input type="checkbox"/> SANDAL	
		30 UPPER BODY CLOTHING / COLOR						31 LOWER BODY CLOTHING / COLOR							
P.O. NAME:		32 GEN APP <input type="checkbox"/> CONSER <input type="checkbox"/> DIRTY <input type="checkbox"/> CLEAN <input type="checkbox"/> FLASHY		33 Demeanor <input type="checkbox"/> HOSTILE <input type="checkbox"/> UNUSUAL <input type="checkbox"/> NERVOUS <input type="checkbox"/> APOLOGETIC <input type="checkbox"/> PROFESSIONAL <input type="checkbox"/> FRIENDLY		34 TRADE MARKS SPEECH <input type="checkbox"/> ACCENT <input type="checkbox"/> LISPS <input type="checkbox"/> MUMBLERS <input type="checkbox"/> OFFENSIVE <input type="checkbox"/> QUIET		VOICE <input type="checkbox"/> DIST <input type="checkbox"/> LOUD <input type="checkbox"/> NASAL <input type="checkbox"/> RASPY <input type="checkbox"/> SOFT		SUSPECT ACTION <input type="checkbox"/> USED LOCK OUT <input type="checkbox"/> UNUSUAL DOOR <input type="checkbox"/> RANSACKED <input type="checkbox"/> SMALL WEAPON <input type="checkbox"/> UNUSUAL SEX		35 PROBABLE GANG NAME		36 WEAPON TYPE _____ COLOR _____ CALIBER _____	
		37 <input type="checkbox"/> PAROLE <input type="checkbox"/> PROBATION <input type="checkbox"/> SEARCHABLE <input type="checkbox"/> ADULT <input type="checkbox"/> JUV.		38 TYPE <input type="checkbox"/> BEARS MARKS <input type="checkbox"/> TATTOOS <input type="checkbox"/> PIV CHAIR		39 SPECIFIC LOCATION: <input type="checkbox"/> LEFT; <input type="checkbox"/> RIGHT;		40 DESCRIPTION:		41 COLOR					
42 ADDITIONAL DESCRIPTION / CASUALTY INFORMATION:															
TRANSPORTING UNIT:															

43 VEHICLE TYPE <input type="checkbox"/> AUTO <input type="checkbox"/> TRUCK <input type="checkbox"/> MOTORCYCLE <input type="checkbox"/> MOTORHOME <input type="checkbox"/> SEMI TRUCK <input type="checkbox"/> BIKE		44 YEAR	45 MAKE	46 MODEL	47 BODY STYLE	48 VEHICLE COLOR(S)	49 USED BY:
54 DAMAGE <input type="checkbox"/> FRONT END <input type="checkbox"/> LEFT REAR <input type="checkbox"/> LEFT FRONT <input type="checkbox"/> LEFT SIDE <input type="checkbox"/> REAR END <input type="checkbox"/> RIGHT REAR <input type="checkbox"/> RIGHT FRONT <input type="checkbox"/> RIGHT SIDE		50 LICENSE PLATE NUMBER		STATE	51 YEAR	52 LIC PLATE COLORS	53 REGISTERED OWNER / ADDRESS:
		55 FEATURES <input type="checkbox"/> C/PAIN <input type="checkbox"/> C/DESIGN <input type="checkbox"/> DECAL <input type="checkbox"/> MISS/PARTS		56 INTERIOR <input type="checkbox"/> BUCKET SEATS <input type="checkbox"/> BENCH SEATS <input type="checkbox"/> CUSTOMIZED <input type="checkbox"/> SHIFT/STND		57 EXTERIOR <input type="checkbox"/> STEREO TAPE <input type="checkbox"/> STICKER DECAL <input type="checkbox"/> EQUIP ADD <input type="checkbox"/> OR MISSING	
59 WHEELS <input type="checkbox"/> MAGS <input type="checkbox"/> STOCK <input type="checkbox"/> OVERSIZED <input type="checkbox"/> UNDERSIZE		60 WINDOWS <input type="checkbox"/> BROKEN <input type="checkbox"/> MISSING <input type="checkbox"/> TINTED		61 LIGHTS OUT <input type="checkbox"/> LEFT FRONT <input type="checkbox"/> LEFT REAR <input type="checkbox"/> RIGHT FRONT <input type="checkbox"/> RIGHT REAR		62 CONDITION <input type="checkbox"/> POOR <input type="checkbox"/> FAIR <input type="checkbox"/> GOOD <input type="checkbox"/> EXCELLENT	

63 REPORTED BY		64 BADGE	65 DIV	66 ASSISTED BY	67 BADGE	68 DIV	69 APPROVED BY	70 BADGE
71 DATE		72 TIME						

CHAPTER III--SPD 104 FORM INSTRUCTIONS

- Box 23 COMPLEXION--"X" the box most descriptive of the suspect.
- Box 24 FACIAL HAIR--"X" applicable boxes.
- Box 25 HAT--"X" the applicable box and enter the color of the hat. If suspect was bare-headed, leave Box 25 blank.
- Box 26 MASK--If the suspect was wearing a mask, "X" the most descriptive box and enter the color. If the mask was distinctive, describe it further in Box 42.
- Box 27 GLASSES--"X" the most descriptive box. Enter the color of the frames.
- Box 28 GLOVES--"X" the most descriptive box. Enter the color of the gloves.
- Box 29 SHOES--"X" the most descriptive box. Enter the color of the shoes.
- Box 30 UPPER BODY CLOTHING/COLOR--Describe with details. Enter the color abbreviation, i.e., satin Raider's jacket, zip-up/BLK.
- Box 31 LOWER BODY CLOTHING/COLOR--Describe with details. Enter the color abbreviation, i.e., dress pants/GRY.
- Box 32 GENERAL APPEARANCE/DEMEANOR--"X" the boxes which best describe the suspect's appearance and demeanor.
-33
- Box 34 TRADEMARKS
- Speech--"X" applicable boxes and explain in Box 42.
- Voice--"X" applicable boxes and explain in Box 42.
- Suspect Action--"X" applicable boxes and describe, in detail, in the narrative.
- Box 35 PROBABLE GANG NAME--Enter the name of the gang with whom the suspect affiliates, if applicable. If the suspect has a special gang nickname or moniker, enter it in Box 7.

- CRIME REPORT SUPPLEMENT
- MOTOR VEHICLE SUPPLEMENT
- INCIDENT SUPPLEMENT
- CASUALTY SUPPLEMENT

SACRAMENTO POLICE DEPARTMENT ADDITIONAL PERSONS/SUSPECT VEHICLE SUPPLEMENT

1	REPORT NUMBER
3	CRIME CODE SECTION

2 VICTIMS NAME		6 NAME		7 AKA / NICKNAME		
4A <input type="checkbox"/> SUSPECT ONLY B <input type="checkbox"/> BOOKED: CHARGES:		8 RESIDENCE ADDRESS		9 RESIDENCE PHONE ()		
		10 BUSINESS / SCHOOL ADDRESS		11 BUSINESS PHONE ()		
		12 AGE	13 D.O.B.	14 SEX	15 RACE	
		16 OLN		STATE	17 SOCIAL SECURITY NUMBER	
C <input type="checkbox"/> CITED: CITATION #		18 HEIGHT	19 WEIGHT	20 HAIR COLOR / STYLE / LENGTH		
		21 EYE COLOR	22 BUILD			
D <input type="checkbox"/> WITNESS E <input type="checkbox"/> ADDL VICTIM <input type="checkbox"/> NOT INJURED <input type="checkbox"/> INJURED		23 COMPLEXION <input type="checkbox"/> LIGHT <input type="checkbox"/> DARK <input type="checkbox"/> MEDIUM <input type="checkbox"/> ACNE	24 FACIAL HAIR <input type="checkbox"/> FULL <input type="checkbox"/> LONG <input type="checkbox"/> SHORT <input type="checkbox"/> THIN COLOR	25 HAT <input type="checkbox"/> BALLCAP <input type="checkbox"/> WATCH <input type="checkbox"/> UNIFORM	26 MASK <input type="checkbox"/> CLOTH <input type="checkbox"/> HALLOWEEN <input type="checkbox"/> NYLON	27 GLASSES <input type="checkbox"/> CLEAR <input type="checkbox"/> TINTED <input type="checkbox"/> SUN
		<input type="checkbox"/> RUDDY <input type="checkbox"/> PALE <input type="checkbox"/> FRECKLED	<input type="checkbox"/> BEARD <input type="checkbox"/> MUSTACHE <input type="checkbox"/> SIDEBURN <input type="checkbox"/> UNSHAVEN	<input type="checkbox"/> FULL BRIM <input type="checkbox"/> SMALL BRIM	<input type="checkbox"/> RIBBON <input type="checkbox"/> BOWTIE <input type="checkbox"/> HOLLOWEEN <input type="checkbox"/> NYLON	
		30 UPPER BODY CLOTHING / COLOR		31 LOWER BODY CLOTHING / COLOR		
		32 GEN APP <input type="checkbox"/> CONSER <input type="checkbox"/> DIRTY <input type="checkbox"/> CLEAN <input type="checkbox"/> FLASHY	33 DEMEANOR <input type="checkbox"/> HOSTILE <input type="checkbox"/> RATIONAL <input type="checkbox"/> NERVOUS <input type="checkbox"/> APOLOGETIC <input type="checkbox"/> PROFESSIONAL <input type="checkbox"/> FRIENDLY	34 TRADE MARKS SPEECH <input type="checkbox"/> ACCENT <input type="checkbox"/> LIPS <input type="checkbox"/> MUMBLER <input type="checkbox"/> OVERTHROW <input type="checkbox"/> QUIET	35 PROBABLE GANG NAME	
5 CASUALTY DISPOSITION A <input type="checkbox"/> TAKEN TO HOSPITAL B <input type="checkbox"/> TAKEN HOME C <input type="checkbox"/> CORONER D <input type="checkbox"/> OTHER:		36 WEAPON TYPE _____ COLOR _____ CALIBER _____		37 PAROLE <input type="checkbox"/> PROBATION <input type="checkbox"/> SEARCHABLE <input type="checkbox"/> ADULT <input type="checkbox"/> JUV.		
		38 TYPE <input type="checkbox"/> SCARS <input type="checkbox"/> MARKS <input type="checkbox"/> TATTOOS <input type="checkbox"/> PNT CHAIR		39 SPECIFIC LOCATION: <input type="checkbox"/> LEFT: <input type="checkbox"/> RIGHT:		
		40 DESCRIPTION: _____ 41 COLOR _____				
		42 ADDITIONAL DESCRIPTION / CASUALTY INFORMATION:				
		TRANSPORTING UNIT:				

4A <input type="checkbox"/> SUSPECT ONLY B <input type="checkbox"/> BOOKED: CHARGES:		6 NAME		7 AKA / NICKNAME		
4A <input type="checkbox"/> SUSPECT ONLY B <input type="checkbox"/> BOOKED: CHARGES:		8 RESIDENCE ADDRESS		9 RESIDENCE PHONE ()		
		10 BUSINESS / SCHOOL ADDRESS		11 BUSINESS PHONE ()		
		12 AGE	13 D.O.B.	14 SEX	15 RACE	
		16 OLN		STATE	17 SOCIAL SECURITY NUMBER	
C <input type="checkbox"/> CITED: CITATION #		18 HEIGHT	19 WEIGHT	20 HAIR COLOR / STYLE / LENGTH		
		21 EYE COLOR	22 BUILD			
D <input type="checkbox"/> WITNESS E <input type="checkbox"/> ADDL VICTIM <input type="checkbox"/> NOT INJURED <input type="checkbox"/> INJURED		23 COMPLEXION <input type="checkbox"/> LIGHT <input type="checkbox"/> DARK <input type="checkbox"/> MEDIUM <input type="checkbox"/> ACNE	24 FACIAL HAIR <input type="checkbox"/> FULL <input type="checkbox"/> LONG <input type="checkbox"/> SHORT <input type="checkbox"/> THIN COLOR	25 HAT <input type="checkbox"/> BALLCAP <input type="checkbox"/> WATCH <input type="checkbox"/> UNIFORM	26 MASK <input type="checkbox"/> CLOTH <input type="checkbox"/> HALLOWEEN <input type="checkbox"/> NYLON	27 GLASSES <input type="checkbox"/> CLEAR <input type="checkbox"/> TINTED <input type="checkbox"/> SUN
		<input type="checkbox"/> RUDDY <input type="checkbox"/> PALE <input type="checkbox"/> FRECKLED	<input type="checkbox"/> BEARD <input type="checkbox"/> MUSTACHE <input type="checkbox"/> SIDEBURN <input type="checkbox"/> UNSHAVEN	<input type="checkbox"/> FULL BRIM <input type="checkbox"/> SMALL BRIM	<input type="checkbox"/> RIBBON <input type="checkbox"/> BOWTIE <input type="checkbox"/> HOLLOWEEN <input type="checkbox"/> NYLON	
		30 UPPER BODY CLOTHING / COLOR		31 LOWER BODY CLOTHING / COLOR		
		32 GEN APP <input type="checkbox"/> CONSER <input type="checkbox"/> DIRTY <input type="checkbox"/> CLEAN <input type="checkbox"/> FLASHY	33 DEMEANOR <input type="checkbox"/> HOSTILE <input type="checkbox"/> RATIONAL <input type="checkbox"/> NERVOUS <input type="checkbox"/> APOLOGETIC <input type="checkbox"/> PROFESSIONAL <input type="checkbox"/> FRIENDLY	34 TRADE MARKS SPEECH <input type="checkbox"/> ACCENT <input type="checkbox"/> LIPS <input type="checkbox"/> MUMBLER <input type="checkbox"/> OVERTHROW <input type="checkbox"/> QUIET	35 PROBABLE GANG NAME	
5 CASUALTY DISPOSITION A <input type="checkbox"/> TAKEN TO HOSPITAL B <input type="checkbox"/> TAKEN HOME C <input type="checkbox"/> CORONER D <input type="checkbox"/> OTHER:		36 WEAPON TYPE _____ COLOR _____ CALIBER _____		37 PAROLE <input type="checkbox"/> PROBATION <input type="checkbox"/> SEARCHABLE <input type="checkbox"/> ADULT <input type="checkbox"/> JUV.		
		38 TYPE <input type="checkbox"/> SCARS <input type="checkbox"/> MARKS <input type="checkbox"/> TATTOOS <input type="checkbox"/> PNT CHAIR		39 SPECIFIC LOCATION: <input type="checkbox"/> LEFT: <input type="checkbox"/> RIGHT:		
		40 DESCRIPTION: _____ 41 COLOR _____				
		42 ADDITIONAL DESCRIPTION / CASUALTY INFORMATION:				
		TRANSPORTING UNIT:				

43 VEHICLE TYPE		44 YEAR		45 MAKE		46 MODEL		47 BODY STYLE		48 VEHICLE COLOR(S)		49 USED BY:			
<input type="checkbox"/> AUTO <input type="checkbox"/> TRUCK <input type="checkbox"/> MOTORCYCLE <input type="checkbox"/> MOTORHOME <input type="checkbox"/> VAN <input type="checkbox"/> BIICYCLE		50 LICENSE PLATE NUMBER		STATE		51 YEAR		52 LIC. PLATE COLORS		53 REGISTERED OWNER / ADDRESS:					
54 DAMAGE <input type="checkbox"/> TOP <input type="checkbox"/> FRONT END <input type="checkbox"/> LEFT REAR <input type="checkbox"/> LEFT FRONT <input type="checkbox"/> LEFT SIDE <input type="checkbox"/> REAR END <input type="checkbox"/> RIGHT REAR <input type="checkbox"/> RIGHT FRONT <input type="checkbox"/> RIGHT SIDE		55 FEATURES <input type="checkbox"/> C/PAIN <input type="checkbox"/> C/DESIGN <input type="checkbox"/> DECAL <input type="checkbox"/> MISSPARTS		56 INTERIOR <input type="checkbox"/> BUCKET SEATS <input type="checkbox"/> BENCH SEATS <input type="checkbox"/> CUSTOMIZED <input type="checkbox"/> SHIFT/STNO		57 EXTERIOR <input type="checkbox"/> STERED TAPE <input type="checkbox"/> STICKER DECAL <input type="checkbox"/> EQUIP ADD <input type="checkbox"/> OR MISSING		58 MODIFIED <input type="checkbox"/> PINKSTRIPED <input type="checkbox"/> RUST/PRIMER <input type="checkbox"/> CAMPER SHELL <input type="checkbox"/> RACK		59 WHEELS <input type="checkbox"/> LOWERED <input type="checkbox"/> RAISED <input type="checkbox"/> HYDRAULICS		60 WINDOWS <input type="checkbox"/> BROKEN <input type="checkbox"/> MISSING <input type="checkbox"/> TINTED		61 LIGHTS OUT <input type="checkbox"/> MAGS <input type="checkbox"/> STOCK <input type="checkbox"/> OVERSIZED <input type="checkbox"/> UNDERSIZE	
		62 CONDITION <input type="checkbox"/> LEFT FRONT <input type="checkbox"/> LEFT REAR <input type="checkbox"/> RIGHT FRONT <input type="checkbox"/> RIGHT REAR		63 POOR 64 FAIR 65 GOOD 66 EXCELLENT											

63 REPORTED BY		64 BADGE		65 DIV		66 ASSISTED BY		67 BADGE		68 DIV		69 APPROVED BY		70 BADGE	
71 DATE		72 TIME													

CHAPTER III--SPD 104 FORM INSTRUCTIONS

Box 36 WEAPON--This applies only to the suspects. Enter the type of weapon such as a handgun, rifle, knife or a baseball bat. Enter the color of the metal and caliber, if applicable. Enter the length of the barrel or blade.

Box 37 PROBATION/PAROLE STATUS--"X" the boxes which apply and enter the probation/parole officer's name if available.

One tattoo, mark, scar or physical characteristic may be described in Boxes 38-41. If the suspect has more than one tattoo, enter the most prominent or distinctive tattoo. Describe other features in Box 42.

Box 38 TYPE--"X" the box for the characteristic which will be described.

Box 39 SPECIFIC LOCATION--"X" which side the characteristic is located. Enter the body part on which the characteristic is located in the space provided. BE SPECIFIC.

Box 40 DESCRIPTION--Describe the characteristic, i.e., marijuana leaf [tattoo], oval [mark], 6" line [scar], limp [physical characteristic]

Box 41 COLOR--Enter the color of the characteristic, if any.

Box 42 ADDITIONAL DESCRIPTION/CASUALTY INFORMATION--Include any distinctive description which was omitted from Boxes 6-41. Up to 58 characters will be picked up by the computer.

Example: Susp cane is wooden with an open-mouthed snake head handle.

Casualty Information for the additional victim or the suspect is entered here.

SUSPECT VEHICLE--Any vehicle associated or identifiable with the suspect shall be described here, not on page 1 of the Crime Report.

Box 43 VEHICLE TYPE--"X" the most applicable box.

Box 44 YEAR--Enter the exact or estimated year of the vehicle.

Box 45 MAKE--Enter the make or manufacturer's name, i.e., Ford.

Box 46 MODEL--Enter the model name, i.e., Monte Carlo SS.

- CRIME REPORT SUPPLEMENT
- MOTOR VEHICLE SUPPLEMENT
- INCIDENT SUPPLEMENT
- CASUALTY SUPPLEMENT

**SACRAMENTO POLICE DEPARTMENT
ADDITIONAL PERSONS/SUSPECT VEHICLE
SUPPLEMENT**

1	REPORT NUMBER
3 CRIME CODE SECTION	

2 VICTIMS NAME		6 NAME		7 AKA / NICKNAME					
4A <input type="checkbox"/> SUSPECT ONLY B <input type="checkbox"/> BOOKED: CHARGES:		8 RESIDENCE ADDRESS				9 RESIDENCE PHONE ()			
		10 BUSINESS / SCHOOL ADDRESS				11 BUSINESS PHONE ()			
C <input type="checkbox"/> CITED: CITATION #		12 AGE	13 D.O.B.	14 SEX	15 RACE	16 OLN	STATE	17 SOCIAL SECURITY NUMBER	
		18 HEIGHT	19 WEIGHT	20 HAIR COLOR / STYLE / LENGTH			21 EYE COLOR	22 BUILD	
D <input type="checkbox"/> WITNESS E <input type="checkbox"/> ADDL VICTIM <input type="checkbox"/> NOT INJURED <input type="checkbox"/> INJURED		23 COMPLEXION <input type="checkbox"/> LIGHT <input type="checkbox"/> DARK <input type="checkbox"/> MEDIUM <input type="checkbox"/> ACNE	24 FACIAL HAIR <input type="checkbox"/> FULL <input type="checkbox"/> LONG <input type="checkbox"/> SHORT <input type="checkbox"/> THIN COLOR	25 HAT <input type="checkbox"/> BALLCAP <input type="checkbox"/> WATCH <input type="checkbox"/> UNIFORM	26 MASK <input type="checkbox"/> CLOTH <input type="checkbox"/> HALLOWEEN <input type="checkbox"/> NYLON	27 GLASSES <input type="checkbox"/> CLEAR <input type="checkbox"/> TINTED <input type="checkbox"/> SUN	28 GLOVES <input type="checkbox"/> CLOTH <input type="checkbox"/> RUBBER <input type="checkbox"/> LEATHER	29 SHOES <input type="checkbox"/> COWBOY BOOTS <input type="checkbox"/> WORK BOOTS <input type="checkbox"/> TENNIS / SPORT	<input type="checkbox"/> DRESS <input type="checkbox"/> HEEL <input type="checkbox"/> SANDAL
		30 UPPER BODY CLOTHING / COLOR				31 LOWER BODY CLOTHING / COLOR			
5 CASUALTY DISPOSITION A <input type="checkbox"/> TAKEN TO HOSPITAL B <input type="checkbox"/> TAKEN HOME C <input type="checkbox"/> CORONER D <input type="checkbox"/> OTHER:		32 GEN APP <input type="checkbox"/> CONSER <input type="checkbox"/> DIRTY <input type="checkbox"/> CLEAN <input type="checkbox"/> FLASHY	33 DEemeanOR <input type="checkbox"/> HOSTILE <input type="checkbox"/> IRRATIONAL <input type="checkbox"/> NERVOUS <input type="checkbox"/> APOLOGETIC <input type="checkbox"/> PROFESSIONAL <input type="checkbox"/> FRIENDLY	34 TRADE MARKS SPEECH <input type="checkbox"/> ACCENT <input type="checkbox"/> LIPS <input type="checkbox"/> MUMBLES <input type="checkbox"/> OFFENSIVE <input type="checkbox"/> QUIET	VOICE <input type="checkbox"/> DIET <input type="checkbox"/> LOUD <input type="checkbox"/> NASAL <input type="checkbox"/> RASPY <input type="checkbox"/> SOFT	SUSPECT ACTION <input type="checkbox"/> USED LOCK OUT <input type="checkbox"/> UNUSUAL DOOR <input type="checkbox"/> RANSACKED <input type="checkbox"/> SMALL WEAPON <input type="checkbox"/> UNMAY SELF	<input type="checkbox"/> SOUND / GAGGED <input type="checkbox"/> BROUGHT BAG <input type="checkbox"/> DEMAND NOTE <input type="checkbox"/> DISORIED <input type="checkbox"/> OTHER VIC INFO	35 PROBABLE GANG NAME	
		37 <input type="checkbox"/> PAROLE <input type="checkbox"/> PROBATION <input type="checkbox"/> SEARCHABLE <input type="checkbox"/> ADULT <input type="checkbox"/> JUV.		38 TYPE <input type="checkbox"/> ICAMS <input type="checkbox"/> MARCS <input type="checkbox"/> LITTOON <input type="checkbox"/> PNY CHAIR		39 SPECIFIC LOCATION: <input type="checkbox"/> LEFT: <input type="checkbox"/> RIGHT:		36 WEAPON TYPE _____ COLOR _____ CALIBER _____	
42 ADDITIONAL DESCRIPTION / CASUALTY INFORMATION:									
TRANSPORTING UNIT:									

4A <input type="checkbox"/> SUSPECT ONLY B <input type="checkbox"/> BOOKED: CHARGES:		6 NAME		7 AKA / NICKNAME					
C <input type="checkbox"/> CITED: CITATION #		8 RESIDENCE ADDRESS				9 RESIDENCE PHONE ()			
		10 BUSINESS / SCHOOL ADDRESS				11 BUSINESS PHONE ()			
D <input type="checkbox"/> WITNESS E <input type="checkbox"/> ADDL VICTIM <input type="checkbox"/> NOT INJURED <input type="checkbox"/> INJURED		12 AGE	13 D.O.B.	14 SEX	15 RACE	16 OLN	STATE	17 SOCIAL SECURITY NUMBER	
		18 HEIGHT	19 WEIGHT	20 HAIR COLOR / STYLE / LENGTH			21 EYE COLOR	22 BUILD	
5 CASUALTY DISPOSITION A <input type="checkbox"/> TAKEN TO HOSPITAL B <input type="checkbox"/> TAKEN HOME C <input type="checkbox"/> CORONER D <input type="checkbox"/> OTHER:		23 COMPLEXION <input type="checkbox"/> LIGHT <input type="checkbox"/> DARK <input type="checkbox"/> MEDIUM <input type="checkbox"/> ACNE	24 FACIAL HAIR <input type="checkbox"/> FULL <input type="checkbox"/> LONG <input type="checkbox"/> SHORT <input type="checkbox"/> THIN COLOR	25 HAT <input type="checkbox"/> BALLCAP <input type="checkbox"/> WATCH <input type="checkbox"/> UNIFORM	26 MASK <input type="checkbox"/> CLOTH <input type="checkbox"/> HALLOWEEN <input type="checkbox"/> NYLON	27 GLASSES <input type="checkbox"/> CLEAR <input type="checkbox"/> TINTED <input type="checkbox"/> SUN	28 GLOVES <input type="checkbox"/> CLOTH <input type="checkbox"/> RUBBER <input type="checkbox"/> LEATHER	29 SHOES <input type="checkbox"/> COWBOY BOOTS <input type="checkbox"/> WORK BOOTS <input type="checkbox"/> TENNIS / SPORT	<input type="checkbox"/> DRESS <input type="checkbox"/> HEEL <input type="checkbox"/> SANDAL
		30 UPPER BODY CLOTHING / COLOR				31 LOWER BODY CLOTHING / COLOR			
TRANSPORTING UNIT:		32 GEN APP <input type="checkbox"/> CONSER <input type="checkbox"/> DIRTY <input type="checkbox"/> CLEAN <input type="checkbox"/> FLASHY	33 DEemeanOR <input type="checkbox"/> HOSTILE <input type="checkbox"/> IRRATIONAL <input type="checkbox"/> NERVOUS <input type="checkbox"/> APOLOGETIC <input type="checkbox"/> PROFESSIONAL <input type="checkbox"/> FRIENDLY	34 TRADE MARKS SPEECH <input type="checkbox"/> ACCENT <input type="checkbox"/> LIPS <input type="checkbox"/> MUMBLES <input type="checkbox"/> OFFENSIVE <input type="checkbox"/> QUIET	VOICE <input type="checkbox"/> DIET <input type="checkbox"/> LOUD <input type="checkbox"/> NASAL <input type="checkbox"/> RASPY <input type="checkbox"/> SOFT	SUSPECT ACTION <input type="checkbox"/> USED LOCK OUT <input type="checkbox"/> UNUSUAL DOOR <input type="checkbox"/> RANSACKED <input type="checkbox"/> SMALL WEAPON <input type="checkbox"/> UNMAY SELF	<input type="checkbox"/> SOUND / GAGGED <input type="checkbox"/> BROUGHT BAG <input type="checkbox"/> DEMAND NOTE <input type="checkbox"/> DISORIED <input type="checkbox"/> OTHER VIC INFO	35 PROBABLE GANG NAME	
		37 <input type="checkbox"/> PAROLE <input type="checkbox"/> PROBATION <input type="checkbox"/> SEARCHABLE <input type="checkbox"/> ADULT <input type="checkbox"/> JUV.		38 TYPE <input type="checkbox"/> ICAMS <input type="checkbox"/> MARCS <input type="checkbox"/> LITTOON <input type="checkbox"/> PNY CHAIR		39 SPECIFIC LOCATION: <input type="checkbox"/> LEFT: <input type="checkbox"/> RIGHT:		36 WEAPON TYPE _____ COLOR _____ CALIBER _____	
42 ADDITIONAL DESCRIPTION / CASUALTY INFORMATION:									

43 VEHICLE TYPE <input type="checkbox"/> AUTO <input type="checkbox"/> TRUCK <input type="checkbox"/> MOTORCYCLE <input type="checkbox"/> MOTORHOME <input type="checkbox"/> VAN <input type="checkbox"/> BIKE	44 YEAR	45 MAKE	46 MODEL	47 BODY STYLE	48 VEHICLE COLOR(S)	49 USED BY:		
50 LICENSE PLATE NUMBER		STATE	51 YEAR	52 LIC. PLATE COLORS	53 REGISTERED OWNER / ADDRESS:			
54 DAMAGE <input type="checkbox"/> TOP <input type="checkbox"/> FRONT END <input type="checkbox"/> LEFT REAR <input type="checkbox"/> LEFT FRONT <input type="checkbox"/> LEFT SIDE <input type="checkbox"/> REAR END <input type="checkbox"/> RIGHT REAR <input type="checkbox"/> RIGHT FRONT <input type="checkbox"/> RIGHT SIDE	55 FEATURES <input type="checkbox"/> PAINT <input type="checkbox"/> C/DESIGN <input type="checkbox"/> DECAL <input type="checkbox"/> MISS/PARTS	56 INTERIOR <input type="checkbox"/> BUCKET SEATS <input type="checkbox"/> BENCH SEATS <input type="checkbox"/> CUSTOMIZED <input type="checkbox"/> SHIFT/STND	57 EXTERIOR <input type="checkbox"/> STEREO TAPE <input type="checkbox"/> STICKER DECAL <input type="checkbox"/> EDUP ADD <input type="checkbox"/> OR MISSING	58 MODIFIED <input type="checkbox"/> PINSTRIPED <input type="checkbox"/> RUST/PRIMER <input type="checkbox"/> CAMPER SHELL <input type="checkbox"/> RACK	59 WHEELS <input type="checkbox"/> MAGS <input type="checkbox"/> STOCK <input type="checkbox"/> OVERSIZED <input type="checkbox"/> UNDERSIZE	60 WINDOWS <input type="checkbox"/> BROKEN <input type="checkbox"/> MISSING <input type="checkbox"/> TINTED	61 LIGHTS OUT <input type="checkbox"/> LEFT FRONT <input type="checkbox"/> LEFT REAR <input type="checkbox"/> RIGHT FRONT <input type="checkbox"/> RIGHT REAR	62 CONDITION <input type="checkbox"/> POOR <input type="checkbox"/> FAIR <input type="checkbox"/> GOOD <input type="checkbox"/> EXCELLENT

63 REPORTED BY	64 BADGE	65 DIV	66 ASSISTED BY	67 BADGE	68 DIV	69 APPROVED BY	70 BADGE
71 DATE	72 TIME						

CHAPTER III--SPD 104 FORM INSTRUCTIONS

Box 47 BODY STYLE--Indicate the vehicle's body style. Use the following descriptions:

Station Wagon - S/W Pickup - P/U Two Door - 2/DR
Hatchback - H/B Four Door - 4/DR Motorcycle - M/C

Box 48 VEHICLE COLOR(S)--List the vehicle's color from top to bottom and front to back. Up to two colors may be entered.

Black	-	Blk	Green	-	Grn	Silver	-	Sil
Blue	-	Blu	Gray	-	Gry	Tan	-	Tan
Brown	-	Brn	Orange	-	Orn	White	-	Whi
Cream	-	Crn	Maroon	-	Mar	Pink	-	Pnk
Gold	-	Gld	Red	-	Red	Purple	-	Pur
Light	-	Lt	Dark	-	Dk			

Example: If the roof is light brown and the body is white write Lt Brn/Whi.

Box 49 USED BY--Enter the first initial and last name of suspect driving the vehicle. If the name is unknown, enter "UNK".

Box 50 LICENSE PLATE NUMBER/STATE/YEAR--Enter the vehicle license number, the state of issuance and the year of registration.
-51

Box 52 LICENSE PLATE COLORS--Enter the license colors if: 1) the license number is unknown, 2) the state of issuance is unknown, or 3) the license is from out-of-state.

List the background color first, then the color of the numbers or letters.

Box 53 REGISTERED OWNER/ADDRESS--Enter the name and address of the registered owner. If the registered owner is the same as a listed suspect, so indicate.

Box 54 DAMAGE/VEHICLE DESCRIPTION--Check the boxes to describe vehicle damage and/or distinctive vehicle characteristics, if any. Rate its overall condition.
-62

Box 63 Complete as instructed for the Crime Report.
-72

- CRIME REPORT SUPPLEMENT
- MOTOR VEHICLE SUPPLEMENT
- COLLISION/TRAFFIC SUPPLEMENT
- INCIDENT REPORT SUPPLEMENT
- CASUALTY REPORT SUPPLEMENT
- MEMORANDUM

**SACRAMENTO POLICE DEPARTMENT
REPORT SUPPLEMENT**

1 REPORT NUMBER

VICTIM OR COMPLAINANT

2 LAST NAME, FIRST, MIDDLE (FIRM NAME IF CRIME AGAINST BUSINESS)	3 CRIME CODE SECTION
--	----------------------

NARRATIVE

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4 REPORTED BY	5 BADGE	6 DIV	7 YRS OF SERVICE	8 DATE	9 APPROVED BY		
10 ASSISTED BY	11 BADGE	12 DIV	13 YRS OF SERVICE	14 TIME	15 BADGE	16 DATE	17 TIME

CHAPTER IV—SPD 105 FORM INSTRUCTIONS

REPORT SUPPLEMENT FORM

The Report Supplement page is designed for use with all Police Reports. "X" the applicable box in the upper left corner to indicate the type of report being written. Place the report number and classification in Boxes 1 and 3. Complete Boxes 4 through 15 at the bottom as instructed for the Crime Report.

In Box 2, enter the name of the person indicated for each of the following report types:

Crime or Casualty Report.....the victim
 Motor Vehicle Report.....the registered owner
 Traffic Collision Report.....Party 1
 Incident/Information Report.....the complainant
 Memorandum.....the addressee

The Report Supplement page is used to expand or explain any facts or information for which there was insufficient room on another form. For example, if the injuries in a Crime Report required a narrative explanation, they would be explained on a Report Supplement page and labeled as "Injuries, Con't".

Use the Report Supplement page to document all the facts and information pertaining to the topic or nature of the Police Report. The narrative should reflect the results of a thorough investigation.

Use the Report Supplement page to document all facts and information which are material, discoverable, negative or exculpatory. It shall contain the statements of all persons involved. Refer to Chapter I.

The material actions of each involved employee, victim, witness and suspect shall be provided in the narrative with as much detail as possible.

As applicable, the narrative shall be written in the following sequence:

1. Victim(s) statement
2. Witness(es) statement
3. Suspect(s) statement
4. Observations

- CRIME REPORT SUPPLEMENT
- MOTOR VEHICLE SUPPLEMENT
- COLLISION/TRAFFIC SUPPLEMENT
- INCIDENT REPORT SUPPLEMENT
- CASUALTY REPORT SUPPLEMENT
- MEMORANDUM

**SACRAMENTO POLICE DEPARTMENT
REPORT SUPPLEMENT**

1 REPORT NUMBER

VICTIM OR COMPLAINANT	
2 LAST NAME, FIRST, MIDDLE (FIRM NAME IF CRIME AGAINST BUSINESS)	3 CRIME CODE SECTION

NARRATIVE

1	
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4 REPORTED BY	5 BADGE	6 DIV	7 YRS OF SERVICE	8 DATE	9 APPROVED BY		
10 ASSISTED BY	11 BADGE	12 DIV	13 YRS OF SERVICE	14 TIME	15 BADGE	16 DATE	17 TIME

CHAPTER IV--SPD 105 FORM INSTRUCTIONSI. STATEMENTS--GENERAL

- A. Statements are documented for the following purposes:
1. To determine what, in fact, occurred.
 2. To establish the required elements of the crime(s).
 3. To provide a written record for the case file.
 4. For use at trial to refresh recollection, allow impeachment, and monitor testimony presented.
 5. To discourage changing testimony at trial.
 6. To enable the prosecution to plan its presentation and reduce elements of surprise introduced by unforeseen testimony.
- B. Statement Headings
1. Identify each statement as being made by a victim, witness or suspect in underlined print at the left margin, followed by the name of the person giving the statement (last name first).
 2. Provide only one (1) person's statement for each heading.
- C. Introduction to the Statement shall include:
1. the date and time the statement was obtained.
 2. the name of employee taking the statement.
 3. location where the statement was taken.
 4. the demeanor of the victim/witness/suspect, such as excited, calm, drunk, evasive, etc.

Example:

Witness Statement: Adams, Ingrid F.

"On 02/03/90, at 0320 hrs, I, Off. Cotter #0000, contacted Wit. Adams at 906 21st ST. Adams' breath smelled of

- CRIME REPORT SUPPLEMENT
- MOTOR VEHICLE SUPPLEMENT
- COLLISION/TRAFFIC SUPPLEMENT
- INCIDENT REPORT SUPPLEMENT
- CASUALTY REPORT SUPPLEMENT
- MEMORANDUM

SACRAMENTO POLICE DEPARTMENT
REPORT SUPPLEMENT

1 REPORT NUMBER

VICTIM OR COMPLAINANT

2 LAST NAME, FIRST, MIDDLE (FIRM NAME IF CRIME AGAINST BUSINESS)	3 CRIME CODE SECTION
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NARRATIVE

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4 REPORTED BY	5 BADGE	6 DIV	7 YRS OF SERVICE	8 DATE	9 APPROVED BY
10 ASSISTED BY	11 BADGE	12 DIV	13 YRS OF SERVICE	14 TIME	15 BADGE 16 DATE 17 TIME

CHAPTER IV—SPD 105 FORM INSTRUCTIONS

alcoholic beverages and she slurred her words. She told me the following in summary:..."

D. Contents

1. All statements shall be written in first person, past tense. [I was walking down the street...] Allow the statement to tell that person's story as to what occurred.
2. The statement is a summary, not a direct quote. A direct quote may be used to emphasize a portion of a statement.
3. Always include:
 - a. the victim's or witness' personal knowledge of the circumstances of the incident. Include only first hand knowledge: What that person saw, heard, etc.
 - b. the vantage point, or location of the person in relationship to the incident.
 - c. the relationship, or lack of relationship, of the person to other victims, witnesses or suspects.
4. When applicable:
 - a. include a description of the suspect.
 - b. indicate that the description shown on the Additional Persons/Suspect Vehicle page was supplied by this person (and refer to the page number). Add to such descriptions, such as in which hand the suspect held the gun.

NOTE: If multiple descriptions of a suspect are available, they shall be reported separately and attributed to each person.

II. SUSPECT STATEMENT

- A. Use the heading and introduction format described.
- B. List all statements made by the suspect which are pertinent to the incident being reported.

- CRIME REPORT SUPPLEMENT
- MOTOR VEHICLE SUPPLEMENT
- COLLISION/TRAFFIC SUPPLEMENT
- INCIDENT REPORT SUPPLEMENT
- CASUALTY REPORT SUPPLEMENT
- MEMORANDUM

**SACRAMENTO POLICE DEPARTMENT
REPORT SUPPLEMENT**

1 REPORT NUMBER

VICTIM OR COMPLAINANT

2 LAST NAME, FIRST, MIDDLE (FIRM NAME IF CRIME AGAINST BUSINESS)	3 CRIME CODE SECTION
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NARRATIVE

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4 REPORTED BY	5 BADGE	6 DIV	7 YRS OF SERVICE	8 DATE	9 APPROVED BY		
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CHAPTER IV--SPD 105 FORM INSTRUCTIONS

- C. Enter all casual or spontaneous comments which are material. Include comments the suspect indicated were "off the record".
- D. Document all statements even if they appear inadmissible. It may:
1. lead to the discovery of admissible evidence.
 2. become admissible for a limited purpose, such as to impeach the suspect.
- E. Whenever the Miranda Warning is applicable, use the following procedure:
1. Read both the warning and the waiver to the suspect verbatim from the Department issued card (SPD 133).
(The card can be produced in court.)
 2. Document the reading, even when suspects refuse to waive their rights. Detectives may later have to evaluate an additional interview and will need this information.
- Example:
- Suspect Statement: Ringo, Betty Jean
- On 03/11/90 at 1530 hrs., I, Off. Potter #0000, stopped suspect Ringo in front of 1210 Capitol AV. She immediately said to me, "My friend, John, gave me this backpack, I never stole it!"
- At 1540 hrs. As Ringo sat in the rear of my squad car, I read her Miranda rights verbatim from the Department issued Miranda card and asked if she wished to waive them. She said, "I understand my rights. I want to tell you about what happened. Today I saw my friend, John, and..."
- F. If suspects make no spontaneous statements or spontaneously invoke their Miranda rights, document those facts in the Observations part of the narrative.

- CRIME REPORT SUPPLEMENT
- MOTOR VEHICLE SUPPLEMENT
- COLLISION/TRAFFIC SUPPLEMENT
- INCIDENT REPORT SUPPLEMENT
- CASUALTY REPORT SUPPLEMENT
- MEMORANDUM

**SACRAMENTO POLICE DEPARTMENT
REPORT SUPPLEMENT**

1 REPORT NUMBER

VICTIM OR COMPLAINANT

2 LAST NAME, FIRST, MIDDLE (FIRM NAME IF CRIME AGAINST BUSINESS)	3 CRIME CODE SECTION
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NARRATIVE

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4 REPORTED BY	5 BADGE	6 DIV	7 YRS OF SERVICE	8 DATE	9 APPROVED BY		
10 ASSISTED BY	11 BADGE	12 DIV	13 YRS OF SERVICE	14 TIME	15 BADGE	16 DATE	17 TIME

CHAPTER IV-SPD 105 FORM INSTRUCTIONSIII. OBSERVATIONS

- A. The format for this portion of the narrative shall be the sequence in which the events occurred, with significant dates and times placed at the beginning of paragraphs.
- B. The first paragraph indicates the date and time the:
1. call was received or dispatched.
 2. complainant approached the employee.
 3. employee discovered the offense.
 4. employee took some action that lead to the discovery.
- C. In the sequence they occur, document the date, time and location that:
1. victims, complainants, or witnesses were contacted, interviewed, transported, etc.
 2. suspects: were: contacted, arrested, interviewed, transported.
 3. other employees, allied agencies, ambulance crews, firefighters, family members or others arrived.
- D. Document material facts, such as weather, environment of the scene, lighting conditions, etc.
- E. Adequately describe the crime scene. If the circumstances dictate, describe it thoroughly. Especially as they are significant to, or may have altered the scene, include the:
1. locations of evidence, witnesses, victims, or suspects.
 2. actions of yourself, other employees, ambulance crews, firefighters or other parties.
- F. To the extent they are not covered by statements, document the required elements of all crimes reported.

- CRIME REPORT SUPPLEMENT
- MOTOR VEHICLE SUPPLEMENT
- COLLISION/TRAFFIC SUPPLEMENT
- INCIDENT REPORT SUPPLEMENT
- CASUALTY REPORT SUPPLEMENT
- MEMORANDUM

**SACRAMENTO POLICE DEPARTMENT
REPORT SUPPLEMENT**

1 REPORT NUMBER

VICTIM OR COMPLAINANT

2 LAST NAME, FIRST, MIDDLE (FIRM NAME IF CRIME AGAINST BUSINESS)	3 CRIME CODE SECTION
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NARRATIVE

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4 REPORTED BY	5 BADGE	6 DIV	7 YRS OF SERVICE	8 DATE	9 APPROVED BY		
10 ASSISTED BY	11 BADGE	12 DIV	13 YRS OF SERVICE	14 TIME	15 BADGE	16 DATE	17 TIME

CHAPTER IV--SPD 105 FORM INSTRUCTIONS

- G. Describe all actions of the reporting and assisting employees. When possible, employees shall document their own actions.
- H. If entry to a premises is significant, use the following format. Set the format out distinctly, either in the sequence of events or at the end of the narrative. Within this format, make applicable references to key evidence or to observations by victims or witnesses.
1. Entry: Method and location of entry to the premises.
 2. Action: Probable actions of the suspect(s) within the premises. If the sequence of actions can be determined, so indicate.
 3. Exit: Method and location of exit from the premises.

**SACRAMENTO POLICE DEPARTMENT
PROPERTY SUPPLEMENTAL REPORT**

1. REPORT NUMBER

2. VICTIM NAME	3. CRIME CODE SECTION
----------------	-----------------------

Involvement Codes: S - Stolen R - Recovered L - Lost F - Found

4. FILL IN TOTALS FOR STOLEN/RECOVERED PROPERTY ONLY									
A. CURRENCY/NOTES	B. JEWELRY/METALS	C. CLOTHING/FURS	D. OFFICE EQUIPMENT	E. TV/RADIO ETC	F. FIREARMS	G. HOUSEHOLD GOODS	H. CONSUMABLE GOODS	I. LIVESTOCK	J. MISC.
STOLEN \$	STOLEN \$	STOLEN \$	STOLEN \$	STOLEN \$	STOLEN \$	STOLEN \$	STOLEN \$	STOLEN \$	STOLEN \$
RECOVERED \$	RECOVERED \$	RECOVERED \$	RECOVERED \$	RECOVERED \$	RECOVERED \$	RECOVERED \$	RECOVERED \$	RECOVERED \$	RECOVERED \$

5. ITEM	6. QUANTITY	7. ARTICLE	8. BRAND	9. MODEL	10. VALUE
11. INV CODE	12. CATEGORY	13. SERIAL NO.	14. WEAPON TYPE	15. WEAP CAT.	16. CALIBER
17. REL TO OWN <input type="checkbox"/>	18. COLOR	19. ADDITIONAL DESCRIPTION			

ITEM	QUANTITY	ARTICLE	BRAND	MODEL	VALUE
INV CODE	CATEGORY	SERIAL NO.	WEAPON TYPE	WEAP CAT.	CALIBER
REL TO OWN <input type="checkbox"/>	COLOR	ADDITIONAL DESCRIPTION			

ITEM	QUANTITY	ARTICLE	BRAND	MODEL	VALUE
INV CODE	CATEGORY	SERIAL NO.	WEAPON TYPE	WEAP CAT.	CALIBER
REL TO OWN <input type="checkbox"/>	COLOR	ADDITIONAL DESCRIPTION			

ITEM	QUANTITY	ARTICLE	BRAND	MODEL	VALUE
INV CODE	CATEGORY	SERIAL NO.	WEAPON TYPE	WEAP CAT.	CALIBER
REL TO OWN <input type="checkbox"/>	COLOR	ADDITIONAL DESCRIPTION			

ITEM	QUANTITY	ARTICLE	BRAND	MODEL	VALUE
INV CODE	CATEGORY	SERIAL NO.	WEAPON TYPE	WEAP CAT.	CALIBER
REL TO OWN <input type="checkbox"/>	COLOR	ADDITIONAL DESCRIPTION			

ITEM	QUANTITY	ARTICLE	BRAND	MODEL	VALUE
INV CODE	CATEGORY	SERIAL NO.	WEAPON TYPE	WEAP CAT.	CALIBER
REL TO OWN <input type="checkbox"/>	COLOR	ADDITIONAL DESCRIPTION			

FIELD EVIDENCE RELEASE

I, _____, hereby acknowledge the return to me by the Sacramento Police Department of the property indicated above.

I have been advised that should the property itself be required for evidence in the criminal proceedings in connection with which it was recovered, I should be able to produce it for that purpose.

I understand that should I not be able to produce the property if the same is required by the courts, there is a serious risk that the criminal case involved may have to be dismissed thereby resulting in a considerable expenditure of time and money and the release of the suspects who have been charged with criminal dealings with my property.

Date: _____ Signed: _____

20. REPORT PREPARED BY	21. BADGE	22. DIV	23. DATE	24. APPROVED BY	25. BADGE
26. ASSISTED BY	27. BADGE	28. DIV	29. TIME	30. DATE	31. TIME

CHAPTER V--SPD 110 FORM INSTRUCTIONSPROPERTY SUPPLEMENT FORM

Use the Property Supplement to document all property which is stolen, lost, or recovered.

Property which is booked into the Property Management Section shall also be documented on the Officer's Booking and Field Report (SPD 779).

- Box 1 REPORT NUMBER--Enter the number assigned to the report.
- Box 2 VICTIM'S NAME--Enter the name of the victim or complainant.
- Box 3 CRIME CODE SECTION--Enter the crime code section or incident type of the report being supplemented.
- Box 4 STOLEN/RECOVERED PROPERTY--Indicate the total dollar value of property stolen for applicable categories A through J. Use the victim's estimated value of the stolen property.

If property recovery has been made, enter an estimated value of the recovered items in the "recovered" box for the applicable category. If an estimate cannot be determined, indicate "unknown" in the appropriate category.

NOTE: If more than one Property Supplement page is used, place the totals only in Box 4 on the first page.

- Box 5 ITEM NUMBER--Enter the item number(s) for the item(s) to be listed.
- Box 6 QUANTITY--Enter the number of identical items described. If the items are not identical, list them separately.

Example: ITEM # QTY ARTICLE
 1-3 3 Brass Alarm Clocks

- Box 7 ARTICLE--Enter the item to be described.
- Box 8 BRAND--Enter the brand name or manufacturer's name.
- Box 9 MODEL--Enter the model number or name.
- Box 10 VALUE--Enter the victim's estimated value for the single item.

**SACRAMENTO POLICE DEPARTMENT
PROPERTY SUPPLEMENTAL REPORT**

1. REPORT NUMBER

2. VICTIM NAME	3. CRIME CODE SECTION
----------------	-----------------------

Involvement Codes: S - Stolen R - Recovered L - Lost F - Found

4. FILL IN TOTALS FOR STOLEN/RECOVERED PROPERTY ONLY									
A. CURRENCY/NOTES	B. JEWELRY/METALS	C. CLOTHING/FURS	D. OFFICE EQUIPMENT	E. TV/RADIO ETC.	F. FIREARMS	G. HOUSEHOLD GOODS	H. CONSUMABLE GOODS	I. LIVESTOCK	J. MISC.
STOLEN \$	STOLEN \$	STOLEN \$	STOLEN \$	STOLEN \$	STOLEN \$	STOLEN \$	STOLEN \$	STOLEN \$	STOLEN \$
RECOVERED \$	RECOVERED \$	RECOVERED \$	RECOVERED \$	RECOVERED \$	RECOVERED \$	RECOVERED \$	RECOVERED \$	RECOVERED \$	RECOVERED \$

5. ITEM	6. QUANTITY	7. ARTICLE	8. BRAND	9. MODEL	10. VALUE
11. INV CODE	12. CATEGORY	13. SERIAL NO.	14. WEAPON TYPE		15. WEAP CAT.
17. REL TO OWN	18. COLOR	19. ADDITIONAL DESCRIPTION			
<input type="checkbox"/>					

ITEM	QUANTITY	ARTICLE	BRAND	MODEL	VALUE
INV CODE	CATEGORY	SERIAL NO.	WEAPON TYPE		WEAP CAT.
REL TO OWN	COLOR	ADDITIONAL DESCRIPTION			
<input type="checkbox"/>					

ITEM	QUANTITY	ARTICLE	BRAND	MODEL	VALUE
INV CODE	CATEGORY	SERIAL NO.	WEAPON TYPE		WEAP CAT.
REL TO OWN	COLOR	ADDITIONAL DESCRIPTION			
<input type="checkbox"/>					

ITEM	QUANTITY	ARTICLE	BRAND	MODEL	VALUE
INV CODE	CATEGORY	SERIAL NO.	WEAPON TYPE		WEAP CAT.
REL TO OWN	COLOR	ADDITIONAL DESCRIPTION			
<input type="checkbox"/>					

ITEM	QUANTITY	ARTICLE	BRAND	MODEL	VALUE
INV CODE	CATEGORY	SERIAL NO.	WEAPON TYPE		WEAP CAT.
REL TO OWN	COLOR	ADDITIONAL DESCRIPTION			
<input type="checkbox"/>					

ITEM	QUANTITY	ARTICLE	BRAND	MODEL	VALUE
INV CODE	CATEGORY	SERIAL NO.	WEAPON TYPE		WEAP CAT.
REL TO OWN	COLOR	ADDITIONAL DESCRIPTION			
<input type="checkbox"/>					

FIELD EVIDENCE RELEASE

I, _____, hereby acknowledge the return to me by the Sacramento Police Department of the property indicated above.

I have been advised that should the property itself be required for evidence in the criminal proceedings in connection with which it was recovered, I should be able to produce it for that purpose.

I understand that should I not be able to produce the property if the same is required by the courts, there is a serious risk that the criminal case involved may have to be dismissed thereby resulting in a considerable expenditure of time and money and the release of the suspects who have been charged with criminal dealings with my property.

Date: _____ Signed: _____

20. REPORT PREPARED BY	21. BADGE	22. DIV	23. DATE	24. APPROVED BY	25. BA...
26. ASSISTED BY	27. BADGE	28. DIV	29. TIME	30. DATE	31. TIME

CHAPTER V--SPD 110 FORM INSTRUCTIONS

- Box 11 INVOLVEMENT CODE--Enter the involvement code(s) as listed between Boxes 3 and 4, as applicable to the item. More than one (1) code may be entered.
- Box 12 CATEGORY--Enter the category in Boxes A through J, from Box 4, as applicable to the item listed.
- Box 13 SERIAL NUMBER--Enter the serial number, if available.
- Box 14 WEAPON TYPE--If the item is a firearm, enter the type, such as a rifle, shotgun, revolver, etc.
- Box 15 WEAPON CATEGORY--Enter the action of the firearm, such as bolt-action, semi-automatic, pump-action, etc.
- Box 16 CALIBER--Enter the caliber of the firearm.
- Box 17 RELEASED TO OWNER--"X" the box if the item(s) were released to owner, not if the weapon was released to owner.
- Box 18 COLOR--Enter the color(s) of the item.
- Box 19 ADDITIONAL DESCRIPTION--Enter any additional description of the item, such as, owner's social security number engraved on T.V., etc.

FIELD EVIDENCE RELEASE--When evidence is released to a victim or agent, it must be listed and signed for. Have the victim or agent print name or business, date and sign the form.

- Box 20-23 REPORT PREPARED BY--Employees preparing this page shall enter their first initial and name, 4 digit I.D. number, division, date, and time in Boxes 20-23 & 29 and the same information in Boxes 26-28 for a second employee who assisted in the entire report.

NOTE: If more than one (1) employee prepares the report, the name, 4 digit I.D. number and "division" number of the employee who actually prepares each page appears above that of any other assisting employee.

- Box 24-31 APPROVED BY/BADGE/DATE/TIME--Entered by the approving supervisor.

- SUSPECTS
- WITNESSES
- PROPERTY SUPPLEMENT
- EVIDENCE BOOKED
- STATEMENTS
- OBSERVATIONS

**SACRAMENTO POLICE DEPARTMENT
MOTOR VEHICLE REPORT**

- STOLEN VEHICLE MISSING VEHICLE
- ATTEMPTED STOLEN VEHICLE
- OTHER:

1 REPORT NUMBER
2 CRIME CODE SECTION/SOURCE
3 CRIME CLASS CODE

4 CSI NOTIFIED <input type="checkbox"/> YES <input type="checkbox"/> NO	5 REPORTED DATE	6 REPORTED TIME	7 DATE OCCURRED	8 TIME OCCURRED	9 DAY		
10 LOCATION OF OCCURRENCE			11 TYPE OF LOCATION: <input type="checkbox"/> SHOPPING MALL <input type="checkbox"/> APT. COMPLEX <input type="checkbox"/> DRIVEWAY <input type="checkbox"/> STREET <input type="checkbox"/> PARKING LOT <input type="checkbox"/> OTHER				
V I C T I M	12 NAME/FIRM NAME IF CRIME AGAINST BUSINESS	13 AGE	14 DATE OF BIRTH	15 SEX	16 RACE	17 D.L. #	
	18 RESIDENCE ADDRESS			CITY/STATE/ZIP		19 RESIDENCE PHONE () - .	
	20 BUSINESS ADDRESS			CITY/STATE/ZIP		21 BUSINESS PHONE ()	
R E G / O W N	NAME/FIRM NAME IF CRIME AGAINST BUSINESS	AGE	DATE OF BIRTH	SEX	RACE	D.L.#	
	RESIDENCE ADDRESS			CITY/STATE/ZIP		RESIDENCE PHONE ()	
	BUSINESS ADDRESS			CITY/STATE/ZIP		BUSINESS PHONE ()	
L E G / O W N	NAME/FIRM NAME IF CRIME AGAINST BUSINESS	AGE	DATE OF BIRTH	SEX	RACE	D.L.#	
	RESIDENCE ADDRESS			CITY/STATE/ZIP		RESIDENCE PHONE ()	
	BUSINESS ADDRESS			CITY/STATE/ZIP		BUSINESS PHONE ()	
V E H I C L E	22 VEH TYPE A <input type="checkbox"/> AUTO B <input type="checkbox"/> TRUCK C <input type="checkbox"/> MOTORCYCLE D <input type="checkbox"/> MOTORHOME E <input type="checkbox"/> VAN F <input type="checkbox"/> OTHER: H <input type="checkbox"/> VESSEL	23 YEAR	24 MAKE	25 MODEL		26 BODY STYLE	27 VEHICLE COLORS
	28 LICENSE #/REG # FOR VESSEL		29 STATE	30 YEAR REG.	31 VIN/FRAME # FOR M/C /HULL # FOR VESSEL		
	32 ESTIMATED VALUE	33 IGNITION LOCKED? <input type="checkbox"/> YES <input type="checkbox"/> NO	34 KEYS IN IGNITION? <input type="checkbox"/> YES <input type="checkbox"/> NO		35 DOORS LOCKED? <input type="checkbox"/> YES <input type="checkbox"/> NO	36 CONDITION: <input type="checkbox"/> GOOD <input type="checkbox"/> POOR <input type="checkbox"/> FAIR <input type="checkbox"/> EXLT.	
	VESSEL ONLY	37 TYPE OF PROPULSION/MOTOR	38 HULL MATERIAL	39 VESSEL TYPE		40 VESSEL LENGTH	
	41 VEHICLE INSURED BY: AGENT			42 WAS VEHICLE LOANED TO ANYONE? <input type="checkbox"/> NO <input type="checkbox"/> YES:		43 ARE LOAN PAYMENTS CURRENT? <input type="checkbox"/> NO <input type="checkbox"/> YES:	
44 ANY UNUSUAL EQUIPMENT ON VEH? <input type="checkbox"/> NO <input type="checkbox"/> YES: SEE PROP. SUPP.		45 CAMPER SHELL ON VEH? <input type="checkbox"/> NO <input type="checkbox"/> YES: SEE PROP SUPP.		46 WAS THE VEHICLE DAMAGED PRIOR TO THEFT? <input type="checkbox"/> NO <input type="checkbox"/> YES:			
47 FCN		48 VICTIM/REPORTING PERSON SIGNATURE: (IF DIFFERENT FROM REG. OWNER)					
SYNOPSIS							
49 CONNECTED REPORTS # AND TYPE							
50 REPORT PREPARED BY		51 BADGE	52 DIV	53 YRS SERVED	54 APPROVED BY		55 BADG
56 ASSISTED BY		57 BADGE	58 DIV	59 YRS SERVED	60 DATE	61 TIME	PAGE ____ OF ____

CHAPTER VI--SPD 103 FORM INSTRUCTIONSMOTOR VEHICLE REPORT FORM

"X" the applicable boxes at the top of the Motor Vehicle Report to indicate the material included in the report and the type of vehicle report:

1. Stolen Vehicle - Any vehicle, aircraft, vessel, etc. Indicate type in Box 22.
2. Attempted Stolen Vehicle
3. Missing Vehicle - Missing vehicles associated with missing persons.
4. Other - Vehicles which fall under 10855 CVC (leased and not returned).

Box 1 REPORT NUMBER--Enter the report number. When the missing vehicle box is "X"ed, both the Missing Person Report and Motor Vehicle report receive the same report number.

Box 2 CRIME CODE SECTION/SOURCE--Enter the crime code section and the source, such as, 10855 CVC.

Box 3 CRIME CLASS CODE--Enter from the Crime Class Code Book.

Box 4 C.S.I. NOTIFIED--"X" yes or no.

Box 5-6 DATE/TIME REPORTED--Complete as instructed for the Crime Report.

Box 7-9 DATE/TIME/DAY OCCURRED--Enter the exact information when known, or the best estimate, including a span of time or dates/days.

Box 10 LOCATION OF OCCURRENCE--Enter the location from where the vehicle was stolen. If the vehicle is missing, enter the location where it was last seen.

Box 11 TYPE OF LOCATION--"X" the box most applicable to the type of location where the incident occurred or where the vehicle was last seen.

CHAPTER VI--SPD 103 FORM INSTRUCTIONS

Box 12-21 INVOLVED PARTIES INFORMATION--Enter the information for each involved person. Include the driver's license number, if available, in Box 17. Complete as described in the instruction for the Crime Report.

If the registered owner is the same as the victim, write "same as victim: in the Reg/Own boxes. If the registered owner is not the same as the victim, the victim must have proof of ownership of the vehicle. The victim shall also sign Box 48. Enter the registered owner's name as it appears on the DMV registration.

If the legal owner is the same as the victim, write "same as victim" in the Leg/Own box. If not, enter the legal owner's name and information as it appears on the DMV registration.

Box 22-31 VEHICLE INFORMATION--Enter the vehicle information. If the vehicle is a vessel, enter the vessel registration number instead of the license number in Box 28 and the hull number instead of the VIN number in Box 31.

Box 22 ~~Other~~ Use this Box to record aircraft, mobile homes, trailers, etc.

Box 32 ESTIMATED VALUE--Enter the victim's or reporting person's estimated value for the vehicle.

Box 33 IGNITION LOCKED?--"X" yes or no according to the reporting person.

Box 34 KEYS IN IGNITION?--"X" yes or no according to the reporting person.

Box 35 DOORS LOCKED?--"X" yes or no according to the reporting person.

Box 36 CONDITION OF VEHICLE--Enter the condition of the vehicle when last seen according to the reporting person.

Box 37-40 VESSEL INFORMATION ONLY--Complete only for vessels.

Box 41 VEHICLE INSURED BY/AGENT--Enter the name of the insurance company and agent when available.

CHAPTER VI-SPD 103 FORM INSTRUCTIONS

- Box 42 WAS THE VEHICLE LOANED TO ANYONE?--If the vehicle was loaned to someone, "X" yes and enter the name of the person to whom it was loaned.
- Box 43 ARE LOAN PAYMENTS CURRENT?--"X" yes or no according to the reporting person.
- Box 44 ANY UNUSUAL EQUIPMENT ON VEHICLE--When unusual equipment, i.e. a car phone, CB radio, or tape deck, is in the vehicle, describe it on Property Supplement page (SPD 110).
- Box 45 CAMPER SHELL ON VEHICLE--If a camper shell was on the vehicle, describe it on a Property Supplement page (SPD 110). Crime Report not required.
- Box 46 VEHICLE DAMAGE PRIOR TO THEFT--If the vehicle was damaged prior to the theft, "X" yes and describe the damage.
- Box 47 FCN--Enter the File Control Number (FCN) assigned when the vehicle is entered into the Stolen Vehicle System (SVS).
- The FCN shall be supplied to field officers via the MDT VU command (or voiced). Report writers shall obtain the FCN directly from the SVS. See Box 52 below.
- Box 48 VICTIM/REPORTING PERSON SIGNATURE--Victims or reporting persons who are not the registered owner shall sign Box 48.

SYNOPSIS--Write a brief summary of the incident, including the required elements of the crime. Continue on a Report supplement page as necessary.

Example: Victim reported locking the vehicle in the driveway on 05/50/90 at 2230 hrs and discovering it gone on 05/31/90 at 0800 hrs. Broken car window glass in the driveway indicated forced entry. Nothing seen or heard by victim or neighbors.

Box 49 CONNECT-UP NUMBER/TYPE--Complete as instructed for the Crime Report.

Box 50-61 Complete as instructed for the Crime Report.

**SACRAMENTO POLICE DEPARTMENT
VEHICLE RECOVERY/STORAGE/INVENTORY REPORT**

- ALL SUSPECTS ARRESTED
- SUSPECTS OUTSTANDING
- WITNESSES
- PROPERTY SUPPLEMENT
- EVIDENCE BOOKED
- STATEMENTS
- OBSERVATIONS

- 1 RECOVERY OF SPD STOLEN () VEHICLE STORAGE/TOW
- 2 SPD STOLEN/RECOVERED BY OUTSIDE AGENCY () RECOVERED PLATES ONLY
- 3 SPD RECOVERY FOR OUTSIDE AGENCY () RECOVERED PARTS ONLY
- () VEHICLE INVENTORY ONLY

COMPLETE NOT APPLICABLE

3 VEHICLE DISPOSITION
 DO NOT RELEASE
 APPROVED BY
 X
 IMPOUNDED
 #
 ASSET SEIZURE

10751 CVC HOLD FOR FEES
 TRAFFIC ACCIDENT
 ABANDONED HAZARD
 INVENTORIED/SECURED AT SCENE
 RELEASED TO REG. OWNER

4 CRIME CODE SECTION		SOURCE		5 CRIME DEFINITION				6 CRIME CLASS CODE		
7 CSI NOTIFIED <input type="checkbox"/> YES <input type="checkbox"/> NO		8 RECOVERY DATE		9 RECOVERY TIME		10 STOLEN DATE/TIME		11 FCN #		
12 LOCATION OF RECOVERY / TOW / INVENTORY				13 AUTHORITY FOR TOW (CVC SECTION)			12 HOUR NOTICE LEFT? <input type="checkbox"/> NO <input type="checkbox"/> YES DATE: _____			
DRIVER	14 NAME <input type="checkbox"/> SAME AS SUSPECT <input type="checkbox"/> NONE		15 AGE		16 D.O.B.		17 SEX	18 RACE	19 D.L.#	
	20 RESIDENCE ADDRESS				CITY / STATE / ZIP			21 RESIDENCE PHONE ()		
	22 BUSINESS ADDRESS				CITY / STATE / ZIP			23 BUSINESS PHONE ()		
REG/OWN	24 NAME <input type="checkbox"/> SAME AS DRIVER		25 AGE		26 D.O.B.		27 SEX	28 RACE	29 D.L.#	
	30 RESIDENCE ADDRESS				CITY / STATE / ZIP			31 RESIDENCE PHONE ()		
	32 BUSINESS ADDRESS				CITY / STATE / ZIP			33 BUSINESS PHONE ()		
LEG/OWN	34 NAME <input type="checkbox"/> SAME AS REG. OWNER		35 AGE		36 D.O.B.		37 SEX	38 RACE	39 D.L.#	
	40 RESIDENCE ADDRESS				CITY / STATE / ZIP			41 RESIDENCE PHONE ()		
	42 BUSINESS ADDRESS				CITY / STATE / ZIP			43 BUSINESS PHONE ()		
44 LICENSE NUMBER		45 STATE		46 MONTH/YEAR REG		47 NO. PLATES (FRONT / REAR?)		48 SEE CODES ON REVERSE SIDE I VEH I LIC CUSTODY		
49 OUTSIDE AGENCY NAME		50 AGENCY NOTIFIED <input type="checkbox"/> YES <input type="checkbox"/> NO		51 OUTSIDE AGENCY REPORT #			52 DATE REPORTED STOLEN			
VEHICLE	53 VEH TYPE A <input type="checkbox"/> AUTO B <input type="checkbox"/> TRUCK C <input type="checkbox"/> MOTORCYCLE D <input type="checkbox"/> MOTORHOME E <input type="checkbox"/> VAN F <input type="checkbox"/> OTHER: H <input type="checkbox"/> VESSEL	54 YEAR	55 MAKE		56 MODEL		57 BODY STYLE	58 VEHICLE COLOR(S)		
	59 LICENSE NUMBER (reg num for vessel)		60 STATE	61 MONTH/YEAR REG	62 VIN (FRAME # FOR MC) (HULL # FOR VESSEL)					
	63 CONDITION <input type="checkbox"/> GOOD <input type="checkbox"/> POOR <input type="checkbox"/> FAIR <input type="checkbox"/> EXLT.		64 STEERING COLUMN TAMPERED? YES / NO		IGNITION TAMPERED? YES / NO		65 VIN ALTERED? YES / NO		VIN REMOVED? YES / NO	
	VESSEL ONLY		66 TYPE OF PROPULSION/MOTOR		67 HULL MATERIAL		68 VESSEL TYPE		69 VESSEL LENGTH	
	EXPLAIN:		EXPLAIN:		EXPLAIN:		EXPLAIN:			
	COMPLETE BOXES 70 THROUGH 73 ONLY IF VEHICLE WAS RECOVERED FOR AN OUTSIDE AGENCY OR BY AN OUTSIDE AGENCY									
70 OUTSIDE AGENCY NAME		71 AGENCY NOTIFIED <input type="checkbox"/> YES <input type="checkbox"/> NO		72 OUTSIDE AGENCY REPORT #			73 DATE REPORTED STOLEN			
74 SEE CODES ON REVERSE SIDE		VEHICLE CONDITION		LIC/VIN		CUSTODY		75 TOW DRIVER'S SIGNATURE		
76 TIME TOWED	77 DATE TOWED	78 ODOMETER READ		79 NAME OF TOW COMPANY			TOW CO LD #			
80	YES NO UNK	YES NO UNK	YES NO UNK	YES NO UNK	YES NO UNK	YES NO UNK	YES NO UNK	81 VALUE AT TIME OF TOW: A) LESS THAN \$100 B) \$100 - \$300 C) \$300 - \$1000 D) OVER \$1000 / IF OVER \$1000, GIVE ESTIMATE: \$		
ENGINE		CB RADIO		AIR CONDITIONER		FRONT BUMPER		HUB CAPS		
TRANSMISSION		RADIO		LEFT FRONT TIRE		REAR BUMPER		MAGS		
BATTERY		TAPEDECK		LEFT REAR TIRE		FENDERS		WHEELS		
WINDSHIELD		CLOCK		RIGHT FRONT TIRE		GRILL		FRONT SEATS		
REAR VIEW MIRROR		KEYS		RIGHT REAR TIRE		TOP		REAR SEATS		
SIDEVIEW MIRROR(S)		REGISTRATION		SPARE TIRE		BODY		CAMPER SHELL		
ITEM NUMBER	ARTICLE				ITEM NUMBER	ARTICLE				
82 CONNECT-UP #	TYPE	83 CONNECT-UP #	TYPE	84 CONNECT-UP #	TYPE	85 DUMPSITE/SERIES? (CIRCLE ONE)				
86 REPORT PREPARED BY		87 BADGE	88 DIV	89 YRS SRV	90 APPROVED BY		91 BAD			
92 ASSISTED BY		93 BADGE	94 DIV	95 YRS SRV	96 DATE	97 TIME	PG _____ of _____			

CHAPTER VII—SPD 188 FORM INSTRUCTIONSVEHICLE RECOVERY/STORAGE/INVENTORY FORM

The Vehicle Recovery/Storage/Inventory form is on two-part NCR paper.

This form shall be used for the following occurrences.

"X" the applicable boxes at the top to indicate the material included in the report:

- All Suspects Arrested
- Property Supplement
- Observations
- Suspects Outstanding
- Evidence Booked
- Witness
- Statements

"X" the applicable box at the top to indicate the recovery status of what was recovered:

- 1 - SPD Stolen/SPD Recovered
- 2 - SPD Stolen/Recovered by Outside Agency
- 3 - Outside Agency Stolen/SPD Recovery

"X" the applicable box at the top to indicate the type of report:

- Vehicle Storage/Tow
- Recovered Plates Only
- Recovered Parts Only
- Vehicle Inventory Only

Exceptions to completing SPD 188 form when a vehicle is towed are outlined in Department Orders.

Vehicle Inventory Only, occurs when officers enter and look through the contents of a vehicle for a purpose other than to search for evidence of a crime and to safeguard the contents therein.

Box 1 VEHICLE UPDATE--Whenever a vehicle is towed and/or recovered, an entry or update to the Stolen Vehicle System (SVS) shall be made.

This box serves as a reminder to officers and supervisors to obtain the FCN (Box 11 below) and perform the MDT VU command.

"X" Not Applicable when a vehicle is inventoried, (Box 3, Item 6) but not towed or recovered, such as when a driver is arrested and the vehicle is secured at the scene. No SVS entry is made and no FCN is obtained.

SACRAMENTO POLICE DEPARTMENT
VEHICLE RECOVERY/STORAGE/INVENTORY REPORT

- ALL SUSPECTS ARRESTED
 - SUSPECTS OUTSTANDING
 - WITNESSES
 - PROPERTY SUPPLEMENT
 - EVIDENCE BOOKED
 - STATEMENTS
 - OBSERVATIONS
- 1 RECOVERY OF SPD STOLEN () VEHICLE STORAGE/TOW
 - 2 SPD STOLEN/RECOVERED BY OUTSIDE AGENCY (●) RECOVERED PLATES ONLY
 - 3 SPD RECOVERY FOR OUTSIDE AGENCY () RECOVERED PARTS ONLY () VEHICLE INVENTORY ONLY

COMPLETE NOT APPLICABLE

3 VEHICLE DISPOSITION
 DO NOT RELEASE
 APPROVED BY: _____
 X _____
 IMPOUNDED
 ASSET SEIZURE

10751 CVC HOLD FOR FEES
 TRAFFIC ACCIDENT
 ABANDONED HAZARD
 INVENTORIED/SECURED AT SCENE
 RELEASED TO REG. OWNER

4 CRIME CODE SECTION SOURCE 5 CRIME DEFINITION 6 CRIME CLASS CODE

7 CSI NOTIFIED YES NO 8 RECOVERY DATE 9 RECOVERY TIME 10 STOLEN DATE/TIME 11 FCN #

12 LOCATION OF RECOVERY / TOW / INVENTORY 13 AUTHORITY FOR TOW (CVC SECTION) 72 HOUR NOTICE LEFT? NO YES DATE: _____

DRIVER

14 NAME SAME AS SUSPECT NONE 15 AGE 16 D.O.B. 17 SEX 18 RACE 19 D.L. #

20 RESIDENCE ADDRESS CITY / STATE / ZIP 21 RESIDENCE PHONE ()

22 BUSINESS ADDRESS CITY / STATE / ZIP 23 BUSINESS PHONE ()

REG/OWN

24 NAME SAME AS DRIVER 25 AGE 26 D.O.B. 27 SEX 28 RACE 29 D.L. #

30 RESIDENCE ADDRESS CITY / STATE / ZIP 31 RESIDENCE PHONE ()

32 BUSINESS ADDRESS CITY / STATE / ZIP 33 BUSINESS PHONE ()

LEG/OWN

34 NAME SAME AS REG. OWNER 35 AGE 36 D.O.B. 37 SEX 38 RACE 39 D.L. #

40 RESIDENCE ADDRESS CITY / STATE / ZIP 41 RESIDENCE PHONE ()

42 BUSINESS ADDRESS CITY / STATE / ZIP 43 BUSINESS PHONE ()

PLATES ONLY

44 LICENSE NUMBER 45 STATE 46 MONTH/YEAR REG 47 NO. PLATES (FRONT / REAR?) 48 SEE CODES ON REVERSE SIDE VEH LC CUSTODY

49 OUTSIDE AGENCY NAME 50 AGENCY NOTIFIED YES NO 51 OUTSIDE AGENCY REPORT # 52 DATE REPORTED STOLEN

VEHICLE

53 VEH TYPE: A AUTO, B TRUCK, C MOTORCYCLE, D MOTORHOME, E VAN, F OTHER: _____, H VESSEL

54 YEAR 55 MAKE 56 MODEL 57 BODY STYLE 58 VEHICLE COLOR(S)

59 LICENSE NUMBER (reg num for vessel) 60 STATE 61 MONTH/YEAR REG. 62 VIN (FRAME # FOR MC) (HULL # FOR VESSEL)

63 CONDITION: GOOD, POOR, FAIR, EXLT. 64 STEERING COLUMN TAMPERED? YES / NO 65 VIN ALTERED? YES / NO 66 TYPE OF PROPULSION/MOTOR 67 HULL MATERIAL 68 VESSEL TYPE 69 VESSEL LENGTH

COMPLETE BOXES 70 THROUGH 73 ONLY IF VEHICLE WAS RECOVERED FOR AN OUTSIDE AGENCY OR BY AN OUTSIDE AGENCY

70 OUTSIDE AGENCY NAME 71 AGENCY NOTIFIED YES NO 72 OUTSIDE AGENCY REPORT # 73 DATE REPORTED STOLEN

74 SEE CODES ON REVERSE SIDE → VEHICLE _____ LIC/VIN _____ CUSTODY _____
 CONDITION PARTS/PLATES FRONT / REAR? (CIRCLE ONE)

75 TOW DRIVER'S SIGNATURE

76 TIME TOWED 77 DATE TOWED 78 ODOMETER READ 79 NAME OF TOW COMPANY TOW CO. I.D. #

80

ENGINE	YES NO UNK	CB RADIO	YES NO UNK	AIR CONDITIONER	YES NO UNK	FRONT BUMPER	YES NO UNK	HUB CAPS	YES NO UNK
TRANSMISSION		RADIO		LEFT FRONT TIRE		REAR BUMPER		MAGS	
BATTERY		TAPEDECK		LEFT REAR TIRE		FENDERS		WHEELS	
WINDSHIELD		CLOCK		RIGHT FRONT TIRE		GRILL		FRONT SEATS	
REAR VIEW MIRROR		KEYS		RIGHT REAR TIRE		TOP		REAR SEATS	
SIDEVIEW MIRROR(S)		REGISTRATION		SPARE TIRE		BODY		CAMPER SHELL	

81 VALUE AT TIME OF TOW: A) LESS THAN \$100 B) \$100 - \$300 C) \$300 - \$1000 D) OVER \$1000 / IF OVER \$1000, GIVE ESTIMATE: \$

ITEM NUMBER	ARTICLE	ITEM NUMBER	ARTICLE

82 CONNECT-UP # TYPE 83 CONNECT-UP # TYPE 84 CONNECT-UP # TYPE 85 DUMPSITE/SERIES? (CIRCLE ONE)

86 REPORT PREPARED BY 87 BADGE 88 DIV 89 YRS SRV 90 APPROVED BY 91 BADGE

92 ASSISTED BY 93 BADGE 94 DIV 95 YRS SRV 96 DATE 97 TIME

CHAPTER VII-SPD 188 FORM INSTRUCTIONS

Box 2 REPORT NUMBER--Enter the report number assigned to the report.

For recovery of an SPD stolen or missing vehicle, use the same report number.

When a vehicle inventory is performed as a supplement to the arrest (Box 3, Item 6 below) and the vehicle is NOT recovered or towed, the report number for the crime report shall be used.

Box 3 VEHICLE DISPOSITION--"X" the box applicable to what was done with the vehicle.

1. Vehicle Hold--Placed only with a supervisor's approval.
2. The vehicle is impounded as evidence.
3. The vehicle is the subject of an Asset Seizure.
4. 10751 CVC, Altered or missing VIN plate.
5. The vehicle is towed as authorized by CVC Chapter 10 (Hold for fees, Abandoned, Traffic Accident, Hazard).
6. The vehicle is inventoried as the result of a lawful police action.
7. Recovered stolen vehicle released to Reg. owner.

Box 4 CRIME CODE SECTION/SOURCE--Enter the crime code section and source, as applicable.

Box 5 CRIME DEFINITION--Enter the crime definition as found in the Crime Class Code Book.

Box 6 CRIME CLASS CODE--Enter the corresponding crime class code from the Crime Class Code Book.

Box 7 CSI NOTIFIED--"X" yes or no.

Box 8 RECOVERY DATE/TIME--Enter the date and time of recovery for all stolen/recovered vehicles. This is not the time of tow. If only a vehicle inventory was performed, enter the time the inventory began.

SACRAMENTO POLICE DEPARTMENT
VEHICLE RECOVERY/STORAGE/INVENTORY REPORT

- ALL SUSPECTS ARRESTED
 - SUSPECTS OUTSTANDING
 - WITNESSES
 - PROPERTY SUPPLEMENT
 - EVIDENCE BOOKED
 - STATEMENTS
 - OBSERVATIONS
- 1 RECOVERY OF SPD STOLEN () VEHICLE STORAGE/TOW
 - 2 SPD STOLEN/RECOVERED BY OUTSIDE AGENCY (●) RECOVERED PLATES ONLY
 - 3 SPD RECOVERY FOR OUTSIDE AGENCY () RECOVERED PARTS ONLY () VEHICLE INVENTORY ONLY

COMPLETE NOT APPLICABLE

3 VEHICLE DISPOSITION
 DO NOT RELEASE APPROVED BY: _____

4 IMPOUNDED # _____

5 ASSET SEIZURE

10751 CVC HOLD FOR FEE

TRAFFIC ACCIDENT

ABANDONED HAZARD

INVENTORIED/SECURED AT SCENE

RELEASED TO REG. OWNER

4 CRIME CODE SECTION		SOURCE		5 CRIME DEFINITION				6 CRIME CLASS CODE		
7 CSI NOTIFIED <input type="checkbox"/> YES <input type="checkbox"/> NO		8 RECOVERY DATE		9 RECOVERY TIME		10 STOLEN DATE/TIME		11 FCN #		
12 LOCATION OF RECOVERY / TOW / INVENTORY				13 AUTHORITY FOR TOW (CVC SECTION)			12 HOUR NOTICE LEFT? <input type="checkbox"/> NO <input type="checkbox"/> YES DATE: _____			
DRIVER	14 NAME <input type="checkbox"/> SAME AS SUSPECT <input type="checkbox"/> NONE		15 AGE	16 D.O.B.	17 SEX	18 RACE	19 D.L. #	21 RESIDENCE PHONE ()		
	20 RESIDENCE ADDRESS				CITY / STATE / ZIP		21 RESIDENCE PHONE			
	22 BUSINESS ADDRESS				CITY / STATE / ZIP		23 BUSINESS PHONE ()			
REG/OWN	24 NAME <input type="checkbox"/> SAME AS DRIVER		25 AGE	26 D.O.B.	27 SEX	28 RACE	29 D.L. #	31 RESIDENCE PHONE ()		
	24 RESIDENCE ADDRESS				CITY / STATE / ZIP		31 RESIDENCE PHONE			
	32 BUSINESS ADDRESS				CITY / STATE / ZIP		33 BUSINESS PHONE ()			
LEG/OWN	34 NAME <input type="checkbox"/> SAME AS REG. OWNER		35 AGE	36 D.O.B.	37 SEX	38 RACE	39 D.L. #	41 RESIDENCE PHONE ()		
	40 RESIDENCE ADDRESS				CITY / STATE / ZIP		41 RESIDENCE PHONE			
	42 BUSINESS ADDRESS				CITY / STATE / ZIP		43 BUSINESS PHONE ()			
PLATES ONLY	44 LICENSE NUMBER		45 STATE	46 MONTH/YEAR REG	47 NO PLATES (FRONT / REAR?)		48 SEE CODES ON REVERSE SIDE <input type="checkbox"/> VEH <input type="checkbox"/> LIC <input type="checkbox"/> CUSTODY			
	49 OUTSIDE AGENCY NAME		50 AGENCY NOTIFIED <input type="checkbox"/> YES <input type="checkbox"/> NO		51 OUTSIDE AGENCY REPORT #		52 DATE REPORTED STOLEN			
VEHICLE	53 VEH TYPE A <input type="checkbox"/> AUTO B <input type="checkbox"/> TRUCK C <input type="checkbox"/> MOTORCYCLE D <input type="checkbox"/> MOTORHOME E <input type="checkbox"/> VAN F <input type="checkbox"/> OTHER: H <input type="checkbox"/> VESSEL	54 YEAR	55 MAKE	56 MODEL		57 BODY STYLE	58 VEHICLE COLOR(S)			
	59 LICENSE NUMBER (reg num for vessel)		60 STATE	61 MONTH/YEAR REG	62 VIN (FRAME # FOR MC) (HULL # FOR VESSEL)					
	63 CONDITION <input type="checkbox"/> GOOD <input type="checkbox"/> POOR <input type="checkbox"/> FAIR <input type="checkbox"/> EXLT.		64 STEERING COLUMN TAMPERED? YES / NO		IGNITION TAMPERED? YES / NO		65 VIN ALTERED? YES / NO		VIN REMOVED? YES / NO	
	VESSEL ONLY		66 TYPE OF PROPULSION/MOTOR		67 HULL MATERIAL		68 VESSEL TYPE		69 VESSEL LENGTH	
	EXPLAIN:		EXPLAIN:		EXPLAIN:		EXPLAIN:			
COMPLETE BOXES 70 THROUGH 73 ONLY IF VEHICLE WAS RECOVERED FOR AN OUTSIDE AGENCY OR BY AN OUTSIDE AGENCY										
70 OUTSIDE AGENCY NAME			71 AGENCY NOTIFIED <input type="checkbox"/> YES <input type="checkbox"/> NO		72 OUTSIDE AGENCY REPORT #		73 DATE REPORTED STOLEN			
74 SEE CODES ON REVERSE SIDE		VEHICLE CONDITION		LIC/VIN PARTS/PLATES FRONT / REAR? (CIRCLE ONE)		75 TOW DRIVER'S SIGNATURE		TOW CO. I.D. #		
76 TIME TOWED	77 DATE TOWED	78 ODOMETER READ		79 NAME OF TOW COMPANY						
80 ENGINE		80 CB RADIO		80 AIR CONDITIONER		80 FRONT BUMPER		80 HUB CAPS		
YES NO UNK		YES NO UNK		YES NO UNK		YES NO UNK		YES NO UNK		
TRANSMISSION		RADIO		LEFT FRONT TIRE		REAR BUMPER		MAGS		
BATTERY		TAPEDECK		LEFT REAR TIRE		FENDERS		WHEELS		
WINDSHIELD		CLOCK		RIGHT FRONT TIRE		GRILL		FRONT SEATS		
REAR VIEW MIRROR		KEYS		RIGHT REAR TIRE		TOP		REAR SEATS		
SIDEVIEW MIRROR(S)		REGISTRATION		SPARE TIRE		BODY		CAMPER SHELL		
81 VALUE AT TIME OF TOW: <input type="checkbox"/> A LESS THAN \$100 <input type="checkbox"/> B \$100 - \$300 <input type="checkbox"/> C \$300 - \$1000 <input type="checkbox"/> D OVER \$1000 / IF OVER \$1000, GIVE ESTIMATE: \$										
ITEM NUMBER	ARTICLE				ITEM NUMBER	ARTICLE				
82 CONNECT-UP #		TYPE	83 CONNECT-UP #		TYPE	84 CONNECT-UP #		TYPE	85 DUMPSITE/SERIES? (CIRCLE ONE)	
86 REPORT PREPARED BY			87 BADGE	88 DIV	89 YRS SRV	90 APPROVED BY		91 BA		
92 ASSISTED BY			93 BADGE	94 DIV	95 YRS SRV	96 DATE	97 TIME		PG _____ of _____	

CHAPTER VII--SPD 188 FORM INSTRUCTIONS

- Box 10 STOLEN DATE/TIME--Enter the information from SVS.
- Box 11 FCN--Enter the FCN number assigned when the vehicle was entered into the SVS.
- Box 12 LOCATION OF THE INCIDENT--Enter the location of the vehicle when it was recovered, towed, inventoried, etc. This box is completed for all vehicles.
- Box 13 AUTHORITY FOR TOW--Enter the CVC section under which the vehicle was towed. 72 Hour Notice: "X" the appropriate box, and date.
- Box 14-43 INVOLVED PARTIES INFORMATION--Complete the driver registered owner and legal owner boxes as specified in directions for the Motor Vehicle Report.
- Box 44-52 PLATES ONLY--Complete this section when only vehicle plates are recovered.
- NOTE: When recovering "PLATES ONLY", complete the boxes that are numbered with a black dot. If you are recovering a reported SPD stolen plate, complete boxes #8, 9, and 12 (recovery date, time, and location) along with boxes #24, 30, 44, 45, 46, 47, and 48. In a plates only recovery do not complete boxes #53 through #81.
- Box 53-69 Complete as specified in the Motor Vehicle Report.
Exception: Boxes 64-65
- Box 53 - Other - Use this box to record aircraft, mobile homes, trailers, etc.
- Box 64 CONDITION OF STEERING COLUMN/VIN--"X" where applicable.
- Box 70-73 OUTSIDE AGENCY--Complete this section when a vehicle is recovered for an outside agency.
- Box 74 CODES--Enter the codes for condition of vehicle, license plates and custody for vehicles which are towed and/or recovered. See Appendix F.
- Box 75 TOW DRIVER'S SIGNATURE--The tow driver shall sign the completed inventory and be given the yellow copy before taking the vehicle.

SACRAMENTO POLICE DEPARTMENT
VEHICLE RECOVERY/STORAGE/INVENTORY REPORT

- ALL SUSPECTS ARRESTED
- SUSPECTS OUTSTANDING
- WITNESSES
- PROPERTY SUPPLEMENT
- EVIDENCE BOOKED
- STATEMENTS
- OBSERVATIONS

- 1 RECOVERY OF SPD STOLEN () VEHICLE STORAGE/TOW
- 2 SPD STOLEN/RECOVERED BY OUTSIDE AGENCY () RECOVERED PLATES ONLY
- 3 SPD RECOVERY FOR OUTSIDE AGENCY () RECOVERED PARTS ONLY
- () VEHICLE INVENTORY ONLY

COMPLETE NOT APPLICABLE

3 VEHICLE DISPOSITION
 DO NOT RELEASE
 APPROVED BY: _____
 IMPOUNDED
 ASSET SEIZURE

10751 CVC HOLD FOR FEES
 TRAFFIC ACCIDENT
 ABANDONED HAZARD
 INVENTORIED/SECURED AT SCENE
 RELEASED TO REG. OWNER

4 CRIME CODE SECTION SOURCE 5 CRIME DEFINITION 6 CRIME CLASS CODE

7 CSI NOTIFIED YES NO 8 RECOVERY DATE 9 RECOVERY TIME 10 STOLEN DATE/TIME 11 FCN #

12 LOCATION OF RECOVERY / TOW / INVENTORY 13 AUTHORITY FOR TOW (CVC SECTION) 72 HOUR NOTICE LEFT? NO YES DATE: _____

DRIVER

14 NAME SAME AS SUSPECT NONE 15 AGE 16 D.O.B. 17 SEX 18 RACE 19 D.L. #
 20 RESIDENCE ADDRESS CITY / STATE / ZIP 21 RESIDENCE PHONE ()
 22 BUSINESS ADDRESS CITY / STATE / ZIP 23 BUSINESS PHONE ()

REGIOWN

24 NAME SAME AS DRIVER 25 AGE 26 D.O.B. 27 SEX 28 RACE 29 D.L. #
 30 RESIDENCE ADDRESS CITY / STATE / ZIP 31 RESIDENCE PHONE ()
 32 BUSINESS ADDRESS CITY / STATE / ZIP 33 BUSINESS PHONE ()

LEGIOWN

34 NAME SAME AS REG. OWNER 35 AGE 36 D.O.B. 37 SEX 38 RACE 39 D.L. #
 40 RESIDENCE ADDRESS CITY / STATE / ZIP 41 RESIDENCE PHONE ()
 42 BUSINESS ADDRESS CITY / STATE / ZIP 43 BUSINESS PHONE ()

PLATES ONLY

44 LICENSE NUMBER 45 STATE 46 MONTH/YEAR REG 47 NO PLATES (FRONT / REAR?) 48 SEE CODES ON REVERSE SIDE I VEH I LIC CUSTODY
 49 OUTSIDE AGENCY NAME 50 AGENCY NOTIFIED YES NO 51 OUTSIDE AGENCY REPORT # 52 DATE REPORTED STOLEN

VEHICLE

53 VEH TYPE A AUTO B TRUCK C MOTORCYCLE D MOTORHOME E VAN F OTHER: G VESSEL
 54 YEAR 55 MAKE 56 MODEL 57 BODY STYLE 58 VEHICLE COLOR(S)
 59 LICENSE NUMBER (reg num for vessel) 60 STATE 61 MONTH/YEAR REG. 62 VIN (FRAME # FOR WC) (HULL # FOR VESSEL)
 63 CONDITION GOOD POOR FAIR EXLT. 64 STEERING COLUMN TAMPERED? YES / NO 65 IGNITION TAMPERED? YES / NO 66 VIN ALTERED? YES / NO 67 VIN REMOVED? YES / NO EXPLAIN:
 68 VESSEL ONLY 66 TYPE OF PROPULSION/MOTOR 67 HULL MATERIAL 68 VESSEL TYPE 69 VESSEL LENGTH

COMPLETE BOXES 70 THROUGH 73 ONLY IF VEHICLE WAS RECOVERED FOR AN OUTSIDE AGENCY OR BY AN OUTSIDE AGENCY

70 OUTSIDE AGENCY NAME 71 AGENCY NOTIFIED YES NO 72 OUTSIDE AGENCY REPORT # 73 DATE REPORTED STOLEN

74 SEE CODES ON REVERSE SIDE → VEHICLE _____ LIC/VIN _____ CUSTODY _____
 CONDITION PARTS/PLATES FRONT / REAR? (CIRCLE ONE)

75 TOW DRIVER'S SIGNATURE
 76 TIME TOWED 77 DATE TOWED 78 ODOMETER READ 79 NAME OF TOW COMPANY TOW CO. I.D. #

80 YES NO UNK
 ENGINE TRANSMISSION BATTERY WINDSHIELD REAR VIEW MIRROR(S) SIDEVIEW MIRROR(S)
 CB RADIO TAPEDECK CLOCK KEYS REGISTRATION
 AIR CONDITIONER LEFT FRONT TIRE LEFT REAR TIRE RIGHT FRONT TIRE RIGHT REAR TIRE SPARE TIRE
 FRONT BUMPER REAR BUMPER FENDERS GRILL TOP BODY
 HUB CAPS MAGS WHEELS FRONT SEATS REAR SEATS CAMPER SHELL
 81 VALUE AT TIME OF TOW: A LESS THAN \$100 B \$100 - \$300 C \$300 - \$1000 D OVER \$1000 / IF OVER \$1000 GIVE ESTIMATE: \$

ITEM NUMBER	ARTICLE	ITEM NUMBER	ARTICLE

82 CONNECT-UP # TYPE 83 CONNECT-UP # TYPE 84 CONNECT-UP # TYPE 85 DUMPSITE/SERIES? (CIRCLE ONE)

86 REPORT PREPARED BY 87 BADGE 88 DIV 89 YRS SRV 90 APPROVED BY 91 BAL

92 ASSISTED BY 93 BADGE 94 DIV 95 YRS SRV 96 DATE 97 TIME

CHAPTER VII--SPD 188 FORM INSTRUCTIONS

Box 76-77 TIME/DATE TOWED--Enter the date and time the vehicle was towed.

Box 78 ODOMETER--Enter the odometer reading for all towed vehicles.

Box 79 TOW COMPANY--Enter the tow company name and I.D. number.

Box 80 VEHICLE INVENTORY--As provided in Department Orders, a vehicle inventory shall be done whenever a vehicle comes into lawful police custody.

Complete the vehicle inventory for the items listed on the form. Visually check for each item.

Excluding any items removed for booking into the Property Management Section, list all items of property in the vehicle. The list shall be detailed as the apparent value of the property and circumstances dictate.

For example, a laundry basket full of assorted clothing may be listed as such, but an apparently expensive business suit should be itemized. A briefcase full of assorted business and personal papers may be listed as such, but a sample case of jewelry should be itemized.

Box 81 VALUE AT TIME OF TOW--Enter an estimated value of the vehicle.

Box 82-84 CONNECT-UP NUMBERS--Complete as instructed for the Crime Report.

Box 85 DUMPSITE/SERIES--If this location of recovery appears to be a common place of leaving stolen/stripped vehicles and/or the recovered vehicle appears to part of a crime series, indicate that information on the form.

Box 86-97 Complete as instructed for the Crime Report.

CHAPTER VIII--SPD 107 FORM INSTRUCTIONSINCIDENT/INFORMATION REPORT FORM

Use the Incident/Information Report when the facts or information shall be documented and another Police Report cannot be written.

Prepare an Incident/Information Report when information will be of interest to others, or when information is gathered about a crime in another jurisdiction.

Refer to the Crime Class Code book for the list of the Incident/Information Report classifications as a guide to when to prepare this report.

Box 1 REPORT NUMBER--Enter the report number.

Box 2-3 DATE REPORTED/TIME REPORTED--Enter the date and time the reporting employee contacted the complainant, or when the employee discovered the incident, whichever is first.

If it was a dispatched call, use the arrival date and time rather than when the call was received or dispatched. If that information is material, put it in the narrative.

Box 4-6 DATE/TIME OCCURRED/DAY--Enter the exact information when known, or the best estimate, including a span of time or dates/days.

Box 7 TYPE OF INCIDENT--Enter the type of incident from the Crime Class Code book.

Box 8 LOCATION OF INCIDENT--Enter the location of occurrence of the incident.

If the report is for an outside agency and the specific location is not known, enter the name of the agency of jurisdiction.

Box 9 CSI NOTIFIED--"X" yes or no.

Box 10-18 COMPLAINANT--Enter the complainant's information as instructed for the Crime Report.

If the reporting employee is the complainant, the first initial, last name and 4 digit I.D. number are sufficient. List the business phone number if desired.

CHAPTER VIII--SPD 107 FORM INSTRUCTIONS

ADDITIONAL PERSONS--All persons involved in the incident except the complainant may be listed as an additional person. Suspects may instead be listed on an Additional Persons/Suspect Vehicle page to document more complete information.

Box 19-27 Complete as instructed for the Crime Report, except for Box 25.

Box 25 INVOLVEMENT--"X" the appropriate box for each additional person.

NARRATIVE--Complete as instructed for the Crime Report. Continue on Report Supplement pages as necessary.

Box 28-30 CONNECT-UP NUMBERS/TYPE--Complete as instructed for the Crime Report.

Box 31 If outside agency report numbers are listed, indicate the agency name.

Box 32-41 Complete as instructed for the Crime Report.

1 <input type="checkbox"/> PHYSICAL CONTACT <input type="checkbox"/> OBSERVATION <input type="checkbox"/> OF INTEREST		SACRAMENTO POLICE DEPARTMENT FIELD CONTACT REPORT			2 ATTN: INVOLVED UNIT	
3 LOCATION OF CONTACT				4 DATE	5 TIME	
6 NAME				7 AGE	8 D.O.B.	
9 ADDRESS				10 SEX	11 RACE	
12 NAME OF EMPLOYER/SCHOOL		13 OLN		STATE	14 SOCIAL SECURITY #	
15 RESIDENCE PHONE ()		16 BUSINESS PHONE ()		17 HEIGHT		18 WEIGHT
19 BUILD		20 HAIR COLOR/STYLE/LENGTH			21 EYE COLOR	
22 COMPLEXION		23 FACIAL HAIR		24 UPPER BODY CLOTHING		
25 LOWER BODY CLOTHING		26 PROBABLE GANG NAME		27 <input type="checkbox"/> PAROLE <input type="checkbox"/> PROBATION <input type="checkbox"/> SEARCHABLE P.O. NAME:		
28 TYPE <input type="checkbox"/> SCARS <input type="checkbox"/> MARKS <input type="checkbox"/> TATTOOS <input type="checkbox"/> PIVT CHAS	29 SPECIFIC LOCATION <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT		30 DESCRIPTION		31 COLOR	
32 ADDITIONAL DESCRIPTION						
VEHICLE						
33 TYPE	34 YEAR	35 MAKE		36 MODEL		37 STYLE
38 VEH COLOR(S)		39 LICENSE #		STATE	40 CONDITION <input type="checkbox"/> GOOD <input type="checkbox"/> POOR <input type="checkbox"/> FAIR <input type="checkbox"/> EXCEL	
41 ADDITIONAL DESCRIPTION/DAMAGE						
ASSOCIATES						
42 NAME				43 D O B	44 SEX	45 RACE
46 NARRATIVE						
					OFFICER	BADGE

CHAPTER IX--SPD 113 FORM INSTRUCTIONSFIELD CONTACT REPORT FORM

The Field Contact Report (FCR) serves to document contacts with suspicious persons in a variety of circumstances.

Box 1 TYPE OF CONTACT

Physical Contact--Officer spoke with the subject.

Observation--The subject and/or vehicle were merely observed and not contacted.

Of Interest--Information only for a specific Department functional unit.

Box 2 ATTN: INVOLVED UNIT--Enter the unit to which the FCR should be forwarded (Gangs, Narc, Robb, Burg, etc.).

Box 3 LOCATION OF CONTACT--Enter the location where the subject was contacted.

Box 4-5 DATE/TIME--Enter the date and time when the subject was contacted or observed.

Box 6 NAME--Enter the name of the subject, last name first.

Box 7 AGE--Enter subject's age.

Box 8 D.O.B.--Enter subject's Date of Birth (D.O.B.).

Box 9 ADDRESS--Enter subject's address (street/city/zip). If out of state, add the state/zip.

Box 10 SEX--Enter M-Male, F-Female.

Box 11 RACE--Enter subject's race. (See Chapter I).

Box 12 NAME OF EMPLOYER/SCHOOL--Enter name of subject's employer or school name.

Box 13 OPERATOR'S LICENSE NUMBER (OLN)--Enter subject's operator's license or DMV ID number and state of issuance, if applicable.

CHAPTER IX--SPD 113 FORM INSTRUCTIONS

- Box 14 SOCIAL SECURITY NUMBER--Enter subject's social security number.
- Box 15 RESIDENCE PHONE--Enter the home phone number of the subject.
- Box 16 BUSINESS PHONE--Enter the work phone or daytime phone number of the subject.
- Box 17-18 HEIGHT/WEIGHT--Enter the subject's actual or estimated height and weight.
- Box 19 BUILD--Enter the subject's build (fat, thin, stocky, etc.).
- Box 20 HAIR COLOR/STYLE/LENGTH--Enter the subject's hair color, style length (lt. brn/braided/collar, etc.).
- Box 21 EYE COLOR--Enter the subject's eye color. (See Chapter I).
- Box 22 COMPLEXION--Enter the subject's type of complexion (fair, ruddy, dark, etc.).
- Box 23 FACIAL HAIR--Enter the subject's type of facial hair (beard, moustache, goatee, etc.).
- Box 24 UPPER BODY CLOTHING--Enter description of subject's upper body clothing (blu hat, grn jacket, etc.).
- Box 25 LOWER BODY CLOTHING--Enter description of subject's lower body clothing (blu jeans, gry shoes, etc.).
- Box 26 PROBABLE GANG NAME--Enter the name of the gang with whom the subject is probably affiliated, if applicable.
- Box 27 PROBATION STATUS--"X" the box applicable to the subject's probation or parole status. If subject is searchable, "X" searchable. If subject is not on probation or parole, leave blank.
- Box 28-31 PHYSICAL CHARACTERISTICS--Enter the appropriate information as instructed on Additional Persons/Suspect Vehicle form.
- Box 32 ADDITIONAL DESCRIPTION--If a subject has unusual clothing, characteristics, etc., that warrant further description, enter the description.

1 <input type="checkbox"/> PHYSICAL CONTACT <input type="checkbox"/> OBSERVATION <input type="checkbox"/> OF INTEREST		SACRAMENTO POLICE DEPARTMENT FIELD CONTACT REPORT			2 ATTN: INVOLVED UNIT	
3 LOCATION OF CONTACT				4 DATE		5 TIME
6 NAME				7 AGE	8 D.O.B.	
9 ADDRESS				10 SEX	11 RACE	
12 NAME OF EMPLOYER/SCHOOL		13 OLN	STATE	14 SOCIAL SECURITY #		
15 RESIDENCE PHONE ()		16 BUSINESS PHONE ()		17 HEIGHT		18 WEIGHT
19 BUILD		20 HAIR COLOR/STYLE/LENGTH			21 EYE COLOR	
22 COMPLEXION		23 FACIAL HAIR		24 UPPER BODY CLOTHING		
25 LOWER BODY CLOTHING		26 PROBABLE GANG NAME		27 <input type="checkbox"/> PAROLE <input type="checkbox"/> PROBATION <input type="checkbox"/> SEARCHABLE P.D. NAME:		
28 TYPE <input type="checkbox"/> SCARS <input type="checkbox"/> MARKS <input type="checkbox"/> TATTOOS <input type="checkbox"/> PHY CHAR	29 SPECIFIC LOCATION <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT		30 DESCRIPTION		31 COLOR	
32 ADDITIONAL DESCRIPTION						
VEHICLE						
33 TYPE	34 YEAR	35 MAKE		36 MODEL		37 STYLE
38 VEH COLOR(S)		39 LICENSE #		STATE	40 CONDITION <input type="checkbox"/> GOOD <input type="checkbox"/> POOR <input type="checkbox"/> FAIR <input type="checkbox"/> EXCEL	
41 ADDITIONAL DESCRIPTION/DAMAGE						
ASSOCIATES						
42 NAME				43 D.O.B.	44 SEX	45 RACE
46 NARRATIVE						
					OFFICER	BADGE

CHAPTER IX-SPD 113 FORM INSTRUCTIONS

- Box 33-40 VEHICLE INFORMATION--Enter the vehicle information.
- Box 41 ADDITIONAL DESCRIPTION/DAMAGE--Describe any damage or special characteristics of the subject's vehicle.
- Box 42-45 ASSOCIATES--Up to three (3) associates may be listed. Enter one (1) per line.
- Name--Enter the name of associate, last name first.
- Date of Birth--Enter the date of birth of the associate.
- Sex--Enter M-Male, F-Female.
- Race--Enter the race character.
- Box 46 NARRATIVE--Enter the circumstances of the contact, the subject's actions, the nature of the information, etc.

SACRAMENTO POLICE DEPARTMENT OFFICER'S BOOKING AND FIELD RECEIPT

LOCKERS USED _____ CHARGE(S) _____ REPORT # _____
 NARCO/MONEY BOOKING CITATION # _____
 LARGE PROPERTY BOOKING SEARCH WARRANT # _____
 PREVIOUS BOOKING PR # _____

LOCATION OF OCCURRENCE _____

FIELD RECEIPT
 EVIDENCE
 SAFEKEEPING
 DOMESTIC VIOLENCE
 5150 HOLD
 FOUND PROPERTY
 PERSONAL PROPERTY

VICTIM(S) FULL NAME						DOB		ADDRESS		ZIP
LAST	FIRST	MIDDLE								

DEFENDANT(S) FULL NAME						DOB		ADDRESS		ZIP	BOOKED	SUSPECT	CITED
LAST	FIRST	MIDDLE											

REPORTING OFFICER	BADGE #	DIV	RECEIVED DATE	TIME	IN LOCKER DATE	TIME

DESCRIBE PROPERTY BELOW IN THE FOLLOWING SEQUENCE: ITEM TYPE NO-PIECES - COLOR - BRAND - MOD - SER - OAN - DESCRIPTION - CALIBER - MONEY AMOUNT - BLADE/BARREL/OVERALL LENGTH	IN FIREARM CASES, IF READILY AVAILABLE IDENTIFY ALL OWNERS & ADULT COHABITANTS. RECORD FULL NAMES, DOB, SS #, CADL #, ADDRESS OF PERSON FROM WHOM RECEIVED INDICATE IF COHABITANT, OWNER, ETC	CRIME LAB	PRINT
		YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
ITEM # 1	NAME ADDRESS DOB SS # OLN <input type="checkbox"/> OWNER <input type="checkbox"/> TKN FROM <input type="checkbox"/> CO-HAB	Property use only	
ITEM #	NAME ADDRESS DOB SS # OLN <input type="checkbox"/> OWNER <input type="checkbox"/> TKN FROM <input type="checkbox"/> CO-HAB	Property use only	
ITEM #	NAME ADDRESS DOB SS # OLN <input type="checkbox"/> OWNER <input type="checkbox"/> TKN FROM <input type="checkbox"/> CO-HAB	Property use only	
ITEM #	NAME ADDRESS DOB SS # OLN <input type="checkbox"/> OWNER <input type="checkbox"/> TKN FROM <input type="checkbox"/> CO-HAB	Property use only	
ITEM #	NAME ADDRESS DOB SS # OLN <input type="checkbox"/> OWNER <input type="checkbox"/> TKN FROM <input type="checkbox"/> CO-HAB	Property use only	
ITEM #	NAME ADDRESS DOB SS # OLN <input type="checkbox"/> OWNER <input type="checkbox"/> TKN FROM <input type="checkbox"/> CO-HAB	Property use only	
ITEM #	NAME ADDRESS DOB SS # OLN <input type="checkbox"/> OWNER <input type="checkbox"/> TKN FROM <input type="checkbox"/> CO-HAB	Property use only	
ITEM #	NAME ADDRESS DOB SS # OLN <input type="checkbox"/> OWNER <input type="checkbox"/> TKN FROM <input type="checkbox"/> CO-HAB	Property use only	

OFFICER _____ SIGNATURE AND BADGE NUMBER _____ CITIZEN _____ DATE _____
 IF FIELD RECEIPT, HAVE CITIZEN SIGN

1 WHITE — PROPERTY 2 WHITE — REPORT 3 PINK — INVESTIGATIONS 4 GOLDENROD — FIELD RECEIPT

CHAPTER X--SPD 779 FORM INSTRUCTIONSOFFICER'S BOOKING AND FIELD RECEIPT FORM

The Officers Booking and Field Release form is used for booking property into the Property Management Section.

The form is on NCR paper and yields four copies.

Page 1: The original, white copy is placed into the evidence locker with the booked property. This copy is later assigned a property record number and is filed in the Property Management Section.

Page 2: The second page is also white. It shall be used as a page of the Police Report to document the booked property. The list of RECOVERED property shall be duplicated on a Property Supplemental Report (SPD 110).

Page 3: The third page is pink. This copy shall be placed, with page 1, into the evidence locker. The Property Management Section shall forward this copy to the Office of Investigations after processing and assignment of a Property Record Number.

Page 4: The fourth page is goldenrod. This copy shall be used as a field evidence receipt. The field receipt is given to the citizen in instances of safekeeping, found or personal property, or asset seizure.

LOCKERS USED--Enter the number(s) of the locker(s) used to book the property.

NARCO/MONEY BOOKING--If narcotics or money were placed into the drop slot, "X" the box "Narco/Money Booking."

LARGE PROPERTY BOOKING--When an item is too large for an evidence locker, it shall be booked into designated storage. "X" the "Large Property Booking" box and attach property pages 1 and 3 to the large item. If more than one large item is booked, tag all items and attach the booking sheet to one of the items.

If large property is booked and property from the same report is booked into a locker, "X" the "Large Property Booking" box and place pages 1 and 3 into the locker. Tag the large property items.

CHAPTER X--SPD 779 FORM INSTRUCTIONS

CHARGES--Enter the criminal charges from the Crime Report. If the property is booked for an incident report, enter the incident classification.

REPORT NUMBER--Enter the report number assigned to the report.

CITATION NUMBER--When a citation has been issued, enter the citation number.

NOTE: When a citation is issued and property is booked, a report number is still necessary.

Example: An officer cites a motorist for possession of an open alcoholic beverage container and collects the alcoholic beverage container for evidence. A report number is necessary in order to book the container into the Property Management Section.

SEARCH WARRANT NUMBER--If the property/evidence was obtained via a search warrant, enter the search warrant number.

PREVIOUS BOOKING PR#--When additional property is booked after the original property booking is completed, enter the previous property record number, if it is available.

LOCATION OF OCCURRENCE--Enter the location where the incident or crime occurred.

TYPE OF BOOKING--Check the box applicable to the condition under which the property is being booked, such as, field receipt, evidence, safekeeping, domestic violence, etc.

VICTIM(S) NAME--Print victim's full name, last name first. Include date of birth and address for the victim in the spaces provided. Up to three additional victims may be included.

DEFENDANT(S) NAME--Print the suspect's full name, last name first. Include date of birth and address for the suspect in the spaces provided. "X" the status of the suspect (booked, suspect only, or cited). Up to four additional suspects may be included.

REPORTING OFFICER/BADGE#/DIVISION--Enter the name, 4 digit I.D. number and "division" number of the employee who prepared the original Police Report.

**SACRAMENTO POLICE DEPARTMENT
OFFICER'S BOOKING AND FIELD RECEIPT**

LOCKERS USED _____ CHARGE(S) _____ REPORT # _____
 NARCO/MONEY BOOKING CITATION # _____
 LARGE PROPERTY BOOKING SEARCH WARRANT # _____
 PREVIOUS BOOKING PR # _____

LOCATION OF OCCURRENCE _____

FIELD RECEIPT
 EVIDENCE
 SAFEKEEPING
 DOMESTIC VIOLENCE
 5150 HOLD
 FOUND PROPERTY
 PERSONAL PROPERTY

VICTIM(S) FULL NAME			DOB	ADDRESS	ZIP
LAST	FIRST	MIDDLE			

DEFENDANT(S) FULL NAME			DOB	ADDRESS	ZIP	BOOKED	SUSPECT	CITED
LAST	FIRST	MIDDLE						

REPORTING OFFICER	BADGE #	DIV	RECEIVED DATE	TIME	IN LOCKER DATE	TIME
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ITEM #	DESCRIBE PROPERTY BELOW IN THE FOLLOWING SEQUENCE: ITEM TYPE NO-PIECES - COLOR - BRAND - MOD - SER - QAN - DESCRIPTION - CALIBER - MONEY AMOUNT - BLADE/BARREL/OVERALL LENGTH	IN FIREARM CASES, IF READILY AVAILABLE IDENTIFY ALL OWNERS & ADULT COHABITANTS. RECORD FULL NAMES, DOB, SS # CADL #. ADDRESS OF PERSON FROM WHOM RECEIVED. INDICATE IF COHABITANT, OWNER, ETC			CRIME LAB	PRINT
		NAME	ADDRESS	DOB SS # OLN	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
		<input type="checkbox"/> OWNER <input type="checkbox"/> TKN FROM <input type="checkbox"/> CO-HAB				Property use only
		<input type="checkbox"/> OWNER <input type="checkbox"/> TKN FROM <input type="checkbox"/> CO-HAB				Property use only
		<input type="checkbox"/> OWNER <input type="checkbox"/> TKN FROM <input type="checkbox"/> CO-HAB				Property use only
		<input type="checkbox"/> OWNER <input type="checkbox"/> TKN FROM <input type="checkbox"/> CO-HAB				Property use only
		<input type="checkbox"/> OWNER <input type="checkbox"/> TKN FROM <input type="checkbox"/> CO-HAB				Property use only
		<input type="checkbox"/> OWNER <input type="checkbox"/> TKN FROM <input type="checkbox"/> CO-HAB				Property use only
		<input type="checkbox"/> OWNER <input type="checkbox"/> TKN FROM <input type="checkbox"/> CO-HAB				Property use only
		<input type="checkbox"/> OWNER <input type="checkbox"/> TKN FROM <input type="checkbox"/> CO-HAB				Property use only

OFFICER _____ SIGNATURE AND BADGE NUMBER _____ CITIZEN _____ DATE _____
 IF FIELD RECEIPT, HAVE CITIZEN SIGN

CHAPTER X--SPD 779 FORM INSTRUCTIONS

RECEIVED DATE/TIME--Enter the date/time the property was found/received/recovered/seized.

IN LOCKER DATE/TIME--Enter the date/time the property was booked.

ITEM#/DESCRIPTION--Enter the item number and describe the item in the prescribed sequence: Type, number of pieces, color, brand, model, etc.

PROPERTY DESCRIPTION--Describe the items booked as instructed for the Property Supplement form (SPD 110). Up to eight different items may be listed on the Officer's Booking and Field Receipt form (SPD 779) and up to ten different items may be listed on Supplemental page SPD 780, Appendix J. Instructions for the SPD 780 are the same as for the SPD 779.

NOTE: Ownership should be listed for each item. If ownership is unknown, then document from whom the property was taken.

FIREARM CASES--If available, identify all owners and adult co-habitants, including driver's license, social security number and other numbers to facilitate a thorough background check by the Property Management Section prior to release.

IMPORTANT: If the firearm is taken from a 5150 subject, then "X" the box "5150 hold" in the upper right corner of the form.

CRIME LAB--"X" yes or no to indicate if the property is to be sent to the District Attorney's Laboratory of Forensic Services.

PRINT--"X" yes or no to indicate if the property is to be processed for possible latent fingerprints.

OFFICER SIGNATURE/BADGE NUMBER--Employees who booked the property shall sign their name and write their 4 digit I.D. number. If the signature is not legible, print the name.

FIELD RECEIPT/DATE--Whenever a field receipt is issued, the citizen shall sign in the designated space and enter the date. If the citizen refuses, enter "Refused."

CHAPTER XI-SPD 136 FORM INSTRUCTIONSMISSING PERSON REPORT FORM

The Missing Person Report is used to report missing persons.

When receiving information about a possible missing person, bring any suspicious circumstances to the immediate attention of a supervisor.

I. CRITERIA FOR TAKING A MISSING PERSON REPORT

- A. Missing Person (MP): One who is absent from the usual place of residence under unusual or curious circumstances.
- B. If there is any doubt whether a report is necessary, the report shall be taken without delay.
- C. At no time shall the reporting person be told that a report will not be taken until the reporting person has checked hospitals, the coroner's office, jails, etc.
- D. A Missing Person Report shall be completed under the following circumstances:
 1. The person may be in need of assistance due to age or senility.
 2. The person is incapacitated due to a mental or a physical handicap, including those who are in need of medication.
 3. The person may be in need of assistance due to extenuating circumstances, foul play, or a possible suicide attempt.
 4. The person is any child twelve years of age or under reported missing at any time.
 5. The person is a juvenile who may be a runaway or who is missing at night.
 6. The complainant is distraught or hysterical.
 7. The complainant requests a report.

CHAPTER XI-SPD 136 FORM INSTRUCTIONS

- E. Prepare a separate report for each missing person. If several subjects are reported missing and believed or known to be together, prepare a separate report for each person and enter the connect-up numbers on each report.

II. DETERMINATION OF JURISDICTION

- A. The primary criteria for determining which law enforcement agency should take the missing person report for a missing adult or juvenile is the "usual place of residence".
- B. The agency in the jurisdiction from which the person "is absent from the usual place of residence" should take the report.
1. When residents of the City were last seen in the County, they shall be considered missing from the place of residence in the City, not from where they were last seen.
 2. When residents of the County were last seen in the City, do not take a report. Refer the complainant to the Sacramento Sheriff's Department.

Exceptions:

- a. If the Sacramento Sheriff's Department (SSD) has mistakenly not taken a Missing Person Report, and has referred the reporting person to this Department in error, we shall take the report and not refer the reporting person again. Indicate the jurisdictional problem in the details.
- b. Jurisdiction shall be determined by "where last seen" whenever facts indicate:
 - (1) foul play
 - (2) extenuating circumstances relating to the absence of either adults or juveniles.
- c. Whenever persons are determined to be missing from their place of employment in the City, regardless of place of residence, we shall take the report.

CHAPTER XI-SPD 136 FORM INSTRUCTIONS

- d. Whenever persons are missing during a visit to or while traveling through the City, we shall take a report, regardless of where they reside.
- e. Regardless of jurisdiction, if a complainant demands a report, take one without delay.

III. EXAMPLES OF MISSING PERSONS

A. A family from another city is visiting in the City of Sacramento. The juvenile children are left at a show in the downtown area. When the parents return to pick up their children at a designated time, they are unable to locate the children.

1. Take a report for each child reported missing.
2. The juveniles are missing from downtown Sacramento, not their residence. Extenuating circumstances exist. The children may be lost in an unfamiliar area.

B. A juvenile, who resides in another city, is staying with relatives in the City. Facts indicate the juvenile has run away from the relative's residence and was last seen in the County.

1. Take a report. The juvenile is missing from the relative's home, however temporary the residency was. The juvenile was in custody of the relatives at the request of the parents.
2. Alert the SSD, depending on the circumstances, but do not refer the reporting person to SSD for a report.

C. A juvenile runs away from their residence in another city. The parents file a missing person report at the agency in that city and call this Department requesting to make a missing person report as they believe the juvenile is en route to this City.

1. Do not take a missing person report. The juvenile is not missing from this City.

CHAPTER XI-SPD 136 FORM INSTRUCTIONS

2. Do obtain the information necessary for an Incident/ Information Report. Include reasons regarding juvenile's absence, description, and possible destination in this City, so a radio broadcast can be made. Dispatching officers to attempt to locate the juvenile may be warranted, depending on circumstances.
 3. Advise the reporting party to request the agency with whom the report was made to send a confirming teletype to this Department.
- D. A person who resides in Fresno was last seen getting off a bus in Sacramento. Relatives contact this Department to report the person missing. There are no facts to indicate foul play or extenuating circumstances.
1. Do not take a report because the person is missing from Fresno. Advise the relatives to contact the Fresno agency of jurisdiction to make a report and to request a confirming teletype be sent to this Department.
 2. Do take a report if the relatives demand one.

IV. HOW TO CLEAR UP A MISSING PERSON REPORT

- A. A Clear Up Report (SPD 102) shall be prepared to clear a missing person report. Refer to Chapter XIII.
- B. If the missing person was a juvenile, document parent notification.
- C. Document the circumstances of how the missing person was found and make reference to any Police Reports which were made as a result.

INCLUDED IN REPORT:

- WITNESS STATEMENTS
- OBSERVATIONS
- EVIDENCE MOTOR VEH. REPORT

SACRAMENTO POLICE DEPARTMENT MISSING PERSON REPORT

						1 REPORT NUMBER	
2 DATE REPORTED	3 TIME REPORTED	4 DATE LAST SEEN	5 TIME LAST SEEN	6 DAY	7 CLASSIFICATION MISPERS		
8 LOCATION LAST SEEN						9 FCN	
10 NAME				11 NICKNAME:		12 VEHICLE ENTERED SVS <input type="checkbox"/> YES VEH. LIC. #: <input type="checkbox"/> NO	
13 RESIDENCE ADDRESS				CITY/STATE/ZIP		14 RESIDENCE PHONE ()	
15 BUSINESS ADDRESS				CITY/STATE/ZIP		16 BUSINESS PHONE ()	
17 NAME OF EMPLOYER/SCHOOL NAME		18 AGE	19 DATE OF BIRTH	20 SEX	21 RACE	22 HEIGHT	
24 O.L.N.		STATE	25 SOCIAL SECURITY NUMBER		26 HAIR COLOR/STYLE/LENGTH		
27 EYE COLOR		28 BUILD		29 COMPLEXION		30 FACIAL HAIR	
<input type="checkbox"/> AVERAGE <input type="checkbox"/> LARGE <input type="checkbox"/> SLENDER <input type="checkbox"/> FAT/OBESE <input type="checkbox"/> MUSCULAR <input type="checkbox"/> SMALL		<input type="checkbox"/> LIGHT <input type="checkbox"/> RUDDY <input type="checkbox"/> DARK <input type="checkbox"/> PALE <input type="checkbox"/> MEDIUM <input type="checkbox"/> FRECKLED <input type="checkbox"/> ACNE		<input type="checkbox"/> FULL <input type="checkbox"/> BEARD <input type="checkbox"/> LONG <input type="checkbox"/> MUSTACHE <input type="checkbox"/> SHORT <input type="checkbox"/> SIDEBURNS <input type="checkbox"/> THIN <input type="checkbox"/> UNSHAVEN COLOR:		<input type="checkbox"/> BALL CAP <input type="checkbox"/> WATCH <input type="checkbox"/> COWBOY <input type="checkbox"/> OTHER: COLOR:	
32 GLASSES		33 SHOES		34 GEN APP			
<input type="checkbox"/> CLEAR <input type="checkbox"/> TINTED <input type="checkbox"/> SUN COLOR:		<input type="checkbox"/> COWBOY BOOTS <input type="checkbox"/> DRESS <input type="checkbox"/> WORK BOOTS <input type="checkbox"/> HEEL <input type="checkbox"/> TENNIS/SPORT <input type="checkbox"/> SANDAL COLOR:		<input type="checkbox"/> CONSERVATIVE <input type="checkbox"/> DIRTY <input type="checkbox"/> CLEAN <input type="checkbox"/> FLASHY			
35 UPPER BODY CLOTHING/COLOR				36 LOWER BODY CLOTHING/COLOR			
37 SOURCES CHECKED (SEE REVERSE) <input type="checkbox"/> YES <input type="checkbox"/> NO		38 <input type="checkbox"/> PROBATION <input type="checkbox"/> PAROLE P.O. NAME: PHONE #:		39 TYPE <input type="checkbox"/> SCARS <input type="checkbox"/> TATTOOS <input type="checkbox"/> MARKS <input type="checkbox"/> PHY CHAR		40 SPECIFIC LOCATION <input type="checkbox"/> LEFT: <input type="checkbox"/> RIGHT:	
				41 DESCRIPTION		42 COLOR	

43 PERSON TO BE NOTIFIED IF LOCATED (ENTER IN PERS RECORD)

RELATED INVOLVEMENT		NAME		RESIDENCE PHONE OR MESSAGE NUMBER ()		BUSINESS PHONE ()	
DATE OF BIRTH	SEX	RACE	ADDRESS (STREET/CITY/ZIP)				

44 REPORTING PERSON IF OTHER THAN PERSON TO BE NOTIFIED

RELATED INVOLVEMENT		NAME		RESIDENCE PHONE OR MESSAGE NUMBER ()		BUSINESS PHONE ()	
DATE OF BIRTH	SEX	RACE	ADDRESS (STREET/CITY/ZIP)				

COMPLETE SPD SUPPLEMENTS (SPD 104/SPD 105) IF OTHER WITNESSES ARE INVOLVED.

46 PERSONAL RESTRICT		HABIT/HISTORY		KNOWN MENTAL CONDITION		KNOWN HANDICAP		47 BLOOD TYPE		48 WAIST SIZE		49 CHEST SIZE		50 SHOE SIZE	
<input type="checkbox"/> FOSTER HOME <input type="checkbox"/> GROUP HOME <input type="checkbox"/> WARD OF THE COURT <input type="checkbox"/> DEPENDANT OF THE COURT <input type="checkbox"/> BOARD AND CARE NAME OF SOCIAL WORKER OR GUARDIAN IF NOT GIVEN ABOVE:		<input type="checkbox"/> ALCOHOLIC <input type="checkbox"/> RUNAWAY <input type="checkbox"/> DRUGS		<input type="checkbox"/> YES <input type="checkbox"/> NO X _____ X _____		<input type="checkbox"/> YES <input type="checkbox"/> NO									
52 REASON FOR ABSENCE								51 JEWELRY <input type="checkbox"/> YES <input type="checkbox"/> NO DESCRIPTION:		53 BODY XRAYS <input type="checkbox"/> YES <input type="checkbox"/> NO		54 DENTAL XRAYS <input type="checkbox"/> YES <input type="checkbox"/> NO		55 DENTURES <input type="checkbox"/> YES <input type="checkbox"/> NO	
56 PROBABLE DESTINATION										57 MODE OF TRANSPORTATION					
58 REMARKS (ON-LINE ENTRY)															
59 CONNECT-UP #				TYPE				60 CONNECT-UP #				TYPE			
62 REPORT PREPARED BY				63 BADGE		64 DV		65 YRS SERV		66 APPROVED BY				67	
68 ASSISTED BY				69 BADGE		70 DV		71 YRS SERV		72 DATE		73 TIME		PAGE _____ OF _____	

CHAPTER XI--SPD 136 FORM INSTRUCTIONSFORM COMPLETION INSTRUCTIONS

"X" the applicable boxes at the upper left corner of the form to indicate information which will be included in the narrative.

- Box 1 REPORT NUMBER--Enter report number. When the Vehicle Report box is "X"ed, list the Motor Vehicle Report Number. Consult with a supervisor to determine whether a Motor Vehicle Report should be made for the purpose of placing special "STOP" in the SVS due to the unusual circumstances of the case.
- Box 2-3 DATE/TIME REPORTED--Complete as instructed for the Crime Report.
- Box 4-6 DATE/TIME/DAY OCCURRED--Enter the date, time & day the MP was discovered missing, or when the MP was last seen, whichever is earlier.
- Box 7 CLASSIFICATION--Already completed.
- Box 8 LOCATION OF OCCURRENCE--Enter location where MP was last seen.
- Box 9 NAME--Enter MP's name, last name first.
- Box 10 NICKNAME--Enter MP's nickname or alias, if any.
- Box 11 NCIC--The National Crime Information Center (NCIC) number assigned to the MP shall be entered by the Office of Investigations or by Report Writers if the report is made via telephone.
- Box 12-13 RESIDENCE ADDRESS/PHONE--Enter the Sacramento area residence address/city/state/zip and phone of the MP.
- If the MP is visiting Sacramento, or is residing in Sacramento on a temporary basis, enter the temporary Sacramento address/city/state/zip and phone and enter the permanent address/city/state/zip and phone in the remarks section (Box 61).
- Box 14-15 BUSINESS ADDRESS/PHONE--Enter the business address/city/state/zip and phone of the MP, or the school address/city/state/zip and phone if the MP is a student.

- INCLUDED IN REPORT:
 WITNESS STATEMENTS
 OBSERVATIONS
 EVIDENCE MOTOR VEH. REPORT

SACRAMENTO POLICE DEPARTMENT MISSING PERSON REPORT

						1	REPORT NUMBER										
2 DATE REPORTED		3 TIME REPORTED		4 DATE LAST SEEN		5 TIME LAST SEEN		6 DAY		7 CLASSIFICATION MIS PERS							
8 LOCATION LAST SEEN										9 FCN							
10 NAME					11 NICKNAME			12 VEHICLE ENTERED SVS <input type="checkbox"/> YES <input type="checkbox"/> NO		13 RESIDENCE ADDRESS CITY/STATE/ZIP							
15 BUSINESS ADDRESS CITY/STATE/ZIP								14 RESIDENCE PHONE ()		16 BUSINESS PHONE ()							
17 NAME OF EMPLOYER/SCHOOL NAME			18 AGE	19 DATE OF BIRTH		20 SEX	21 RACE		22 HEIGHT		23 WEIGHT						
24 O.L.N.		STATE	25 SOCIAL SECURITY NUMBER			26 HAIR COLOR/STYLE/LENGTH			27 EYE COLOR								
28 BUILD <input type="checkbox"/> AVERAGE <input type="checkbox"/> LARGE <input type="checkbox"/> SLENDER <input type="checkbox"/> FAT/OBESE <input type="checkbox"/> MUSCULAR <input type="checkbox"/> SMALL		29 COMPLEXION <input type="checkbox"/> LIGHT <input type="checkbox"/> RUDDY <input type="checkbox"/> DARK <input type="checkbox"/> PALE <input type="checkbox"/> MEDIUM <input type="checkbox"/> FRECKLED <input type="checkbox"/> ACNE		30 FACIAL HAIR <input type="checkbox"/> FULL <input type="checkbox"/> BEARD <input type="checkbox"/> LONG <input type="checkbox"/> MUSTACHE <input type="checkbox"/> SHORT <input type="checkbox"/> SIDEBURNS <input type="checkbox"/> THIN <input type="checkbox"/> UNSHAVEN COLOR:		31 HAT <input type="checkbox"/> BALL CAP <input type="checkbox"/> WATCH <input type="checkbox"/> COWBOY <input type="checkbox"/> OTHER: COLOR:		32 GLASSES <input type="checkbox"/> CLEAR <input type="checkbox"/> TINTED <input type="checkbox"/> SUN COLOR:		33 SHOES <input type="checkbox"/> COWBOY BOOTS <input type="checkbox"/> DRESS <input type="checkbox"/> WORK BOOTS <input type="checkbox"/> HEEL <input type="checkbox"/> TENNIS/SPORT <input type="checkbox"/> SANDAL COLOR:		34 GEN APP <input type="checkbox"/> CONSERVATIVE <input type="checkbox"/> DIRTY <input type="checkbox"/> CLEAN <input type="checkbox"/> FLASHY					
35 UPPER BODY CLOTHING/COLOR					36 LOWER BODY CLOTHING/COLOR												
37 SOURCES CHECKED (SEE REVERSE) <input type="checkbox"/> YES <input type="checkbox"/> NO		38 <input type="checkbox"/> PROBATION <input type="checkbox"/> PAROLE P.O. NAME: PHONE #:		39 TYPE <input type="checkbox"/> SCARS <input type="checkbox"/> TATTOOS <input type="checkbox"/> MARKS <input type="checkbox"/> PHY CHAR		40 SPECIFIC LOCATION <input type="checkbox"/> LEFT: <input type="checkbox"/> RIGHT:		41 DESCRIPTION		42 COLOR							
43 PERSON TO BE NOTIFIED IF LOCATED (ENTER IN PERS RECORD)																	
RELATED INVOLVEMENT			NAME			RESIDENCE PHONE OR MESSAGE NUMBER ()			BUSINESS PHONE ()								
DATE OF BIRTH	SEX	RACE	ADDRESS (STREET/CITY/ZIP)														
44 REPORTING PERSON IF OTHER THAN PERSON TO BE NOTIFIED																	
RELATED INVOLVEMENT			NAME			RESIDENCE PHONE OR MESSAGE NUMBER ()			BUSINESS PHONE ()								
DATE OF BIRTH	SEX	RACE	ADDRESS (STREET/CITY/ZIP)														
COMPLETE SPD SUPPLEMENTS (SPD 104/SPD 105) IF OTHER WITNESSES ARE INVOLVED.																	
46 PERSONAL RESTRICT <input type="checkbox"/> FOSTER HOME <input type="checkbox"/> GROUP HOME <input type="checkbox"/> WARD OF THE COURT <input type="checkbox"/> DEPENDANT OF THE COURT <input type="checkbox"/> BOARD AND CARE NAME OF SOCIAL WORKER OR GUARDIAN IF NOT GIVEN ABOVE:		HABIT/HISTORY <input type="checkbox"/> ALCOHOLIC <input type="checkbox"/> RUNAWAY <input type="checkbox"/> DRUGS		KNOWN MENTAL CONDITION <input type="checkbox"/> YES <input type="checkbox"/> NO		KNOWN HANDICAP <input type="checkbox"/> YES <input type="checkbox"/> NO		47 BLOOD TYPE		48 WAIST SIZE		49 CHEST SIZE	50 SHOE SIZE				
		X _____		X _____		51 JEWELRY <input type="checkbox"/> YES <input type="checkbox"/> NO DESCRIPTION:											
52 REASON FOR ABSENCE								53 BODY XRAYS <input type="checkbox"/> YES <input type="checkbox"/> NO		54 DENTAL XRAYS <input type="checkbox"/> YES <input type="checkbox"/> NO		55 DENTURES <input type="checkbox"/> YES <input type="checkbox"/> NO					
56 PROBABLE DESTINATION							57 MODE OF TRANSPORTATION										
58 REMARKS (ON-LINE ENTRY)																	
59 CONNECT-UP #			TYPE			60 CONNECT-UP #			TYPE			61 CONNECT-UP #			TYPE		
62 REPORT PREPARED BY					63 BADGE	64 DIV	65 YRS SERV		66 APPROVED BY				67				
68 ASSISTED BY					69 BADGE	70 DIV	71 YRS SERV		72 DATE		73 TIME		PAGE _____ OF _____				

CHAPTER XI-SPD 136 FORM INSTRUCTIONS

- Box 16 NAME OF EMPLOYER/SCHOOL NAME--Enter the name of the MP's employer or the name of the MP's school.
- Box 17 AGE--Enter the age of the MP at the time of the report.
- Box 18 D.O.B.--Enter the date of birth of the MP.
- Box 19 SEX--Enter M-Male or F-Female.
- Box 20 RACE--Enter the race of the MP.
- Box 21-22 HEIGHT/WEIGHT--Enter the actual or closest estimation of the MP's height and weight.
- Box 23 OLN NUMBER--Enter MP's operator's license number or DMV I.D. number and the state, if applicable.
- Box 24 SOCIAL SECURITY NUMBER--Enter the social security number of the MP.
- Box 25-35 MISSING PERSON DESCRIPTION--Enter description of the MP by entering the MP's hair information and eye color, "X"ing and completing the applicable boxes, and by entering the clothing description.
- Box 36 PROBABLE GANG NAME--Enter the probable gang name, if applicable.
- Box 37 WEAPON--Describe any weapon the MP may have. Do not limit this section to only firearms. Continue or explain in the remarks (Box 61), as necessary.
- Box 38 PROBATION/PAROLE--"X" the boxes and enter the Parole or Probation officer's name as applicable or known.
- Box 39-42 MARKS/SCARS--"X" the applicable boxes and explain in available detail. Continue in the remarks (Box 61) as necessary.
- Box 43 PERSON TO BE NOTIFIED--Enter the name of the person to be notified when the MP is located. This is the name which will be entered into the personal record.

- INCLUDED IN REPORT:
 WITNESS STATEMENTS
 OBSERVATIONS
 EVIDENCE MOTOR VEHL REPORT

SACRAMENTO POLICE DEPARTMENT MISSING PERSON REPORT

						1 REPORT NUMBER	
2 DATE REPORTED	3 TIME REPORTED	4 DATE LAST SEEN	5 TIME LAST SEEN	6 DAY	7 CLASSIFICATION MISPEERS		
8 LOCATION LAST SEEN						8 FCN	
10 NAME				11 NICKNAME:		12 VEHICLE ENTERED SVS <input type="checkbox"/> YES VEH. LIC. #: <input type="checkbox"/> NO	
13 RESIDENCE ADDRESS				CITY/STATE/ZIP		14 RESIDENCE PHONE ()	
15 BUSINESS ADDRESS				CITY/STATE/ZIP		16 BUSINESS PHONE ()	
17 NAME OF EMPLOYER/SCHOOL NAME		18 AGE	19 DATE OF BIRTH	20 SEX	21 RACE	22 HEIGHT	
24 O.L.N.		STATE	25 SOCIAL SECURITY NUMBER		26 HAIR COLOR/STYLE/LENGTH		
27 EYE COLOR		28 BUILD		29 COMPLEXION		30 FACIAL HAIR	
<input type="checkbox"/> AVERAGE <input type="checkbox"/> LARGE <input type="checkbox"/> SLENDER <input type="checkbox"/> FAT/OBESSE <input type="checkbox"/> MUSCULAR <input type="checkbox"/> SMALL		<input type="checkbox"/> LIGHT <input type="checkbox"/> RUDDY <input type="checkbox"/> DARK <input type="checkbox"/> PALE <input type="checkbox"/> MEDIUM <input type="checkbox"/> FRECKLED <input type="checkbox"/> ACNE		<input type="checkbox"/> FULL <input type="checkbox"/> BEARD <input type="checkbox"/> LONG <input type="checkbox"/> MUSTACHE <input type="checkbox"/> SHORT <input type="checkbox"/> SIDEBURNS <input type="checkbox"/> THIN <input type="checkbox"/> UNSHAVEN COLOR:		31 HAT <input type="checkbox"/> BALL CAP <input type="checkbox"/> WATCH <input type="checkbox"/> COWBOY <input type="checkbox"/> OTHER: COLOR:	
32 GLASSES		33 SHOES		34 GEN APP			
<input type="checkbox"/> CLEAR <input type="checkbox"/> TINTED <input type="checkbox"/> SUN COLOR:		<input type="checkbox"/> COWBOY BOOTS <input type="checkbox"/> DRESS <input type="checkbox"/> WORK BOOTS <input type="checkbox"/> HEEL <input type="checkbox"/> TENNIS/SPORT <input type="checkbox"/> SANDAL COLOR:		<input type="checkbox"/> CONSERVATIVE <input type="checkbox"/> DIRTY <input type="checkbox"/> CLEAN <input type="checkbox"/> FLASHY			
35 UPPER BODY CLOTHING/COLOR				38 LOWER BODY CLOTHING/COLOR			
37 SOURCES CHECKED (SEE REVERSE) <input type="checkbox"/> YES <input type="checkbox"/> NO		38 <input type="checkbox"/> PROBATION <input type="checkbox"/> PAROLE P.O. NAME: PHONE #:		39 TYPE <input type="checkbox"/> SCARS <input type="checkbox"/> TATTOOS <input type="checkbox"/> MARKS <input type="checkbox"/> PHY CHAR		40 SPECIFIC LOCATION <input type="checkbox"/> LEFT: <input type="checkbox"/> RIGHT:	
41 DESCRIPTION				42 COLOR			

43 PERSON TO BE NOTIFIED IF LOCATED (ENTER IN PERS RECORD)

RELATED INVOLVEMENT		NAME		RESIDENCE PHONE OR MESSAGE NUMBER ()	BUSINESS PHONE ()
DATE OF BIRTH	SEX	RACE	ADDRESS (STREET/CITY/ZIP)		

44 REPORTING PERSON IF OTHER THAN PERSON TO BE NOTIFIED

RELATED INVOLVEMENT		NAME		RESIDENCE PHONE OR MESSAGE NUMBER ()	BUSINESS PHONE ()
DATE OF BIRTH	SEX	RACE	ADDRESS (STREET/CITY/ZIP)		

COMPLETE SPD SUPPLEMENTS (SPD 104/SPD 105) IF OTHER WITNESSES ARE INVOLVED.

46 PERSONAL RESTRICT		HABIT/HISTORY		KNOWN MENTAL CONDITION		KNOWN HANDICAP		47 BLOOD TYPE	48 WAIST SIZE	49 CHEST SIZE	50 SHOE SIZE	
<input type="checkbox"/> FOSTER HOME <input type="checkbox"/> GROUP HOME <input type="checkbox"/> WARD OF THE COURT <input type="checkbox"/> DEPENDANT OF THE COURT <input type="checkbox"/> BOARD AND CARE NAME OF SOCIAL WORKER OR GUARDIAN IF NOT GIVEN ABOVE:		<input type="checkbox"/> ALCOHOLIC <input type="checkbox"/> RUNAWAY <input type="checkbox"/> DRUGS		<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO						
52 REASON FOR ABSENCE								51 JEWELRY <input type="checkbox"/> YES <input type="checkbox"/> NO DESCRIPTION:		55 DENTURES <input type="checkbox"/> YES <input type="checkbox"/> NO		
56 PROBABLE DESTINATION								57 MODE OF TRANSPORTATION				
58 REMARKS (ON-LINE ENTRY)												
59 CONNECT-UP #			TYPE			60 CONNECT-UP #			TYPE			
62 REPORT PREPARED BY				63 BADGE		64 DIV		65 YRS SERV		68 APPROVED BY		
68 ASSISTED BY				69 BADGE		70 DIV		71 YRS SERV		72 DATE		73 TIME
										PAGE ____ OF ____		

CHAPTER XI--SPD 136 FORM INSTRUCTIONS

- Box 44 REPORTING PERSON---Enter the name of the person who reported the MP as missing. If same as person to be notified leave the box blank.
- Box 45 LAST SEEN BY--Enter the name of person who last saw the MP. If same as person to be notified, leave the box blank.
- Box 46 BACKGROUND INFORMATION
- Personal Restriction--If the MP is currently the resident of a foster home, a group home or is a ward of the court, "X" the applicable box(es). If none of the three, leave blank.
- Habit History--"X" Check the box applicable to the habits and/or history of the MP.
- Mental Condition--"X" yes or no. If the MP has a known mental condition, enter the type of mental condition of the line provided. Types of conditions would be Alzheimer's, paranoia, schizophrenia, mental disabilities, etc. Specify details in Box 61.
- Known Handicap--"X" yes or no. If the MP has a known handicap, enter the type of handicap on the line provided. Types of handicaps would be a limp, a prosthesis, etc. Specify details in Box 61.
- Box 47 BLOOD TYPE--If known, enter the MP's blood type.
- Box 48-50 SIZES--If known, enter the sizes of the MP's waist, chest, and shoes.
- Box 51 JEWELRY--"X" yes or no. If the MP was wearing jewelry, describe in Box 61.
- Box 52-53 BODY/DENTAL XRAYS--"X" yes or no. If the MP has ever had x-rays taken, enter the name of the physician/dentist who ordered them in Box 61, if available.
- Box 54 DENTURES--"X" yes or no as to whether or not the MP wears dentures.
- Box 55-56 DATE LAST SEEN/TIME--Enter the date and time when the MP was last seen.

INCLUDED IN REPORT:

- WITNESS STATEMENTS
- OBSERVATIONS
- EVIDENCE MOTOR VEHL. REPORT

SACRAMENTO POLICE DEPARTMENT MISSING PERSON REPORT

						1 REPORT NUMBER													
2 DATE REPORTED		3 TIME REPORTED		4 DATE LAST SEEN		5 TIME LAST SEEN		8 DAY		7 CLASSIFICATION MISPEERS									
6 LOCATION LAST SEEN										9 FCN									
10 NAME						11 NICKNAME:			12 VEHICLE ENTERED SVS <input type="checkbox"/> YES VEHL. LIC. #: <input type="checkbox"/> NO										
13 RESIDENCE ADDRESS						CITY/STATE/ZIP			14 RESIDENCE PHONE ()										
15 BUSINESS ADDRESS						CITY/STATE/ZIP			16 BUSINESS PHONE ()										
17 NAME OF EMPLOYER/SCHOOL NAME				18 AGE		19 DATE OF BIRTH		20 SEX		21 RACE		22 HEIGHT		23 WEIGHT					
24 O.L.N.			STATE		25 SOCIAL SECURITY NUMBER				26 HAIR COLOR/STYLE/LENGTH				27 EYE COLOR						
28 BUILD <input type="checkbox"/> AVERAGE <input type="checkbox"/> LARGE <input type="checkbox"/> SLENDER <input type="checkbox"/> FAT/OBESE <input type="checkbox"/> MUSCULAR <input type="checkbox"/> SMALL		29 COMPLEXION <input type="checkbox"/> LIGHT <input type="checkbox"/> RUDDY <input type="checkbox"/> DARK <input type="checkbox"/> PALE <input type="checkbox"/> MEDIUM <input type="checkbox"/> FRECKLED <input type="checkbox"/> ACNE		30 FACIAL HAIR <input type="checkbox"/> FULL <input type="checkbox"/> BEARD <input type="checkbox"/> LONG <input type="checkbox"/> MUSTACHE <input type="checkbox"/> SHORT <input type="checkbox"/> SIDEBURNS <input type="checkbox"/> THIN <input type="checkbox"/> UNSHAVEN COLOR:		31 HAT <input type="checkbox"/> BALL CAP <input type="checkbox"/> WATCH <input type="checkbox"/> COWBOY <input type="checkbox"/> OTHER: COLOR:		32 GLASSES <input type="checkbox"/> CLEAR <input type="checkbox"/> TINTED <input type="checkbox"/> SUN COLOR:		33 SHOES <input type="checkbox"/> COWBOY BOOTS <input type="checkbox"/> DRESS <input type="checkbox"/> WORK BOOTS <input type="checkbox"/> HEEL <input type="checkbox"/> TENNIS/SPORT <input type="checkbox"/> SANDAL COLOR:		34 GEN APP <input type="checkbox"/> CONSERVATIVE <input type="checkbox"/> DIRTY <input type="checkbox"/> CLEAN <input type="checkbox"/> FLASHY							
35 UPPER BODY CLOTHING/COLOR						36 LOWER BODY CLOTHING/COLOR													
37 SOURCES CHECKED (SEE REVERSE) <input type="checkbox"/> YES <input type="checkbox"/> NO		38 <input type="checkbox"/> PROBATION <input type="checkbox"/> PAROLE P.O. NAME: PHONE #:		39 TYPE <input type="checkbox"/> SCARS <input type="checkbox"/> TATTOOS <input type="checkbox"/> MARKS <input type="checkbox"/> PHY CHAR		40 SPECIFIC LOCATION <input type="checkbox"/> LEFT: <input type="checkbox"/> RIGHT:		41 DESCRIPTION		42 COLOR									
43 PERSON TO BE NOTIFIED IF LOCATED (ENTER IN PERS RECORD)																			
RELATED INVOLVEMENT				NAME				RESIDENCE PHONE OR MESSAGE NUMBER ()				BUSINESS PHONE ()							
DATE OF BIRTH		SEX	RACE	ADDRESS (STREET/CITY/ZIP)															
44 REPORTING PERSON IF OTHER THAN PERSON TO BE NOTIFIED																			
RELATED INVOLVEMENT				NAME				RESIDENCE PHONE OR MESSAGE NUMBER ()				BUSINESS PHONE ()							
DATE OF BIRTH		SEX	RACE	ADDRESS (STREET/CITY/ZIP)															
COMPLETE SPD SUPPLEMENTS (SPD 104/SPD 105) IF OTHER WITNESSES ARE INVOLVED.																			
46 PERSONAL RESTRICT <input type="checkbox"/> FOSTER HOME <input type="checkbox"/> GROUP HOME <input type="checkbox"/> WARD OF THE COURT <input type="checkbox"/> DEPENDANT OF THE COURT <input type="checkbox"/> BOARD AND CARE NAME OF SOCIAL WORKER OR GUARDIAN IF NOT GIVEN ABOVE:		HABIT/HISTORY <input type="checkbox"/> ALCOHOLIC <input type="checkbox"/> RUNAWAY <input type="checkbox"/> DRUGS		KNOWN MENTAL CONDITION <input type="checkbox"/> YES <input type="checkbox"/> NO		KNOWN HANDICAP <input type="checkbox"/> YES <input type="checkbox"/> NO		47 BLOOD TYPE		48 WAIST SIZE		49 CHEST SIZE		50 SHOE SIZE					
52 REASON FOR ABSENCE						53 BODY XRAYS <input type="checkbox"/> YES <input type="checkbox"/> NO		54 DENTAL XRAYS <input type="checkbox"/> YES <input type="checkbox"/> NO		55 DENTURES <input type="checkbox"/> YES <input type="checkbox"/> NO									
56 PROBABLE DESTINATION						57 MODE OF TRANSPORTATION													
58 REMARKS (ON-LINE ENTRY)																			
59 CONNECT-UP #																			
TYPE				60 CONNECT-UP #				TYPE				61 CONNECT-UP #				TYPE			
62 REPORT PREPARED BY						63 BADGE		64 DIV		65 YRS SERV		66 APPROVED BY				67			
68 ASSISTED BY						69 BADGE		70 DIV		71 YRS SERV		72 DATE		73 TIME		PAGE ____ OF ____			

CHAPTER XI-SPD 136 FORM INSTRUCTIONS

- Box 57 REASON FOR ABSENCE--Enter the actual or suspected reason for the MP's absence, such as, fight with parents, left to go to the store, possible foul play or suicide. Bring unusual circumstances to the attention of a supervisor.
- Box 58 LOCATION LAST SEEN--Enter the location where the MP was last seen.
- Box 59 PROBABLE DESTINATION--Enter the MP's probable destination, if known or suspected. Describe the location (street, city or state), such as, father's home in Chicago, IL., unknown address. List multiple possibilities. Continue remarks in Box 61 as necessary.
- Box 60 MODE OF TRANSPORTATION--Enter the actual or suspected mode of transportation which the MP has taken, such as, took the bus last time or Greyhound Bus #110.
- Box 61 REMARKS--Enter any additional information pertaining to the MP or the circumstances. Any statements, actions, observations, or evidence shall be included on the appropriate report forms (supplement pages, additional person pages, evidence booking, etc.).
- Box 62-76 Complete as instructed for the Crime Report.

CHAPTER XII-ARREST REPORT FORM INSTRUCTIONSARREST REPORT

The Arrest Report is used by all law enforcement agencies which use a Sacramento Sheriff's Department (SSD) jail facility, or the Sacramento County Juvenile Hall, for the booking of prisoners.

The Arrest Report is used to document sufficient information to identify the person arrested and to record facts which establish cause to arrest. A separate Arrest Report shall be completed for each suspect who is taken into custody.

I. WHEN TO USE THE ARREST REPORT--GENERAL

A. The Arrest Report shall be completed under the following circumstances:

1. An adult is arrested and booked into SSD Main Jail.
2. A juvenile is arrested and booked into Juvenile Hall.
3. A suspect has been admitted to the SSD jail ward at the UC-Davis Sacramento Medical Center with injuries too serious to allow booking into the SSD Main Jail.
4. A parole violation has occurred and the parolee is booked into SSD Rio Consumnes Correctional Center (RCCC).

B. The Arrest Report shall be used to place additional charges on any of the above subjects who are already in custody.

II. USE OF THE ARREST REPORT WITH OTHER POLICE REPORTS

A. The Arrest Report may be accompanied by the following Police Reports:

1. Crime Report
2. Traffic Collision Report
3. Motor Vehicle Report
4. DUI Intox Summary Report.

ARREST REPORT

SACRAMENTO COUNTY JAIL

SSD CLEAR-UP CHP SPD OTHER:

ARREST REPORT form with sections for charges, booking, personal information, sobriety, vehicle, and reporting officer.

CHAPTER XII-ARREST REPORT FORM INSTRUCTIONS

B. When accompanied by a Police Report, the Arrest Report shall contain a synopsis which includes:

1. facts supporting cause to arrest the subject for the listed violations.
2. minimum facts (corpus delicti) necessary to establish that a crime was committed.

III. USE OF THE ARREST REPORT WITHOUT OTHER POLICE REPORTS

The Arrest Report may be used as the sole means of documenting certain misdemeanor offenses. It serves the combined purpose of Arrest Report and Crime Report and shall contain all material information concerning the charge.

IV. USE OF THE ARREST REPORT FOR JUVENILES

The Arrest Report may serve as a document for juvenile acceptance at the Juvenile Hall. The Arrest Report shall contain complete details of the violation and investigation in order that the intake Probation Officer may reach a decision regarding a detention or release of the juvenile.

V. MULTIPLE CHARGES

A. One Arrest Report may document multiple charges and multiple warrants, either felonies or misdemeanors.

B. When multiple charges and/or multiple warrants exist arresting officers shall answer the following questions:

1. Which charge or warrant shall be entered as the first charge in Box 11?
2. Should one of the charges or warrants be entered as a second charge in Box 17 or as a third charge in the narrative section?
3. Should any charges or warrants be held in abeyance at the time of booking?

C. The decision is based on several policies affected by:

ARREST REPORT

SACRAMENTO COUNTY JAIL

SSD CLEAR-UP [] SSD [] CHP [] SPD [] OTHER: []

Main form body containing sections for charges (1-7), warrant booking (8-14), arrestee information (15-22), sobriety (23-28), vehicle (29-34), and reporting officer (35-38).

CHAPTER XII-ARREST REPORT FORM INSTRUCTIONS

1. the desire to adjudicate all Sacramento County cases before an arrestee is moved to another jurisdiction.
2. the severity of charges and warrants that may exist against the arrestee from other jurisdictions.

VI. MULTIPLE CHARGES - PRIORITIES

- A. Officers shall list charges by order of severity with all fresh charges listed before warrants. Charges shall be prioritized by jurisdiction and listed on the Arrest Report as outlined:
 1. Sacramento Police Department - all SPD charges shall be listed first.
 2. Sacramento County - SSD charges and warrants shall follow SPD.
 3. Other California Agencies - Hold in Abeyance.
 4. Out of State Agencies - Hold in Abeyance.
 5. Federal - Hold in Abeyance.
- B. Out-of-County, out-of-state and federal warrants shall be documented, as requested, in the SYNOPSIS section of the Arrest Report under the heading "Hold in Abeyance."
- C. Federal offenses shall not be charged whenever a California statute appropriately covers the offense committed. If no California statute covers the federal offense, charge the arrestee with the federal offense by entering the federal statute in Box 11 (first charge).

CHAPTER XII-ARREST REPORT FORM INSTRUCTIONSFORM COMPLETION INSTRUCTIONS

Arrest Reports shall be printed with a black ball-point pen. All information known to arresting officers shall be entered in appropriate boxes. Non-applicable boxes shall be left blank.

CUSTODY/SSD CLEAR-UP (Located to the left of Box 1)
"X" the custody box. Clear-up is used by SSD only.

Box 1 ARRESTING AGENCY--"X" SPD.

Box 2 ARREST REPORT NUMBER--This number is assigned by SSD.

Box 3 JUVENILE/ADULT--"X" the applicable box.

Box 4 ADDITIONAL/BODILESS BOOKING--"X" as applicable.

Additional booking--Additional charges against a subject who is in jail require a separate and additional Arrest Report.

Bodiless Booking--This means the arrestee was not fingerprinted during the booking process. This occurs when the arrestee is placed in the SSD jail ward at UCD-SMC.

When an arrestee is placed in the jail ward, the SSD staff will provide a pink hold slip. A photocopy of page 1 of the Arrest Report shall be left with the Jail Ward. Deliver the pink hold slip, Arrest Report and the suspect's property and Property Record to the Main Jail.

Box 5-10 These boxes are to be completed by Main Jail and SPD Identification Unit staff.

Box 11 1ST CHARGE--Enter only one section code/source.

Box 12 TYPE OF CHARGE--"X" felony or misdemeanor.

Box 13 CRIME DEFINITION--Enter the crime definition as listed in the Crime Class Code Book.

Box 14 CLASS CODE--Enter the crime class code listed in the Crime Class Code Book.

ARREST REPORT

SACRAMENTO COUNTY JAIL

SSD CLEAR-UP SSD CHP SPD OTHER:

1 1ST CHARGE		SOURCE		7 TYPE CHARGE <input type="checkbox"/> FEL <input type="checkbox"/> MISD		3 <input type="checkbox"/> JUVENILE <input type="checkbox"/> ADULT		4 ADDITIONAL BOOKING SUBJECT IN CUSTODY <input type="checkbox"/> BODILESS BOOKING		5 ARRESTING AGENCY FIP NO	
13 CRIME DEFINITION				11 CLASS CODE		6 CII NUMBER		7 FBI NUMBER			
15 WARRANT BOOKING		WARRANT NO. _____				8 REGISTRY NUMBER		9 BAIL		10 COURT	
1 ARRESTING AGENCY-BENCH		2 ARRESTING AGENCY 40500 VC		3 ORIGINAL CITATION CHARGES		25 LOCATION OF CRIME		26 SPD CRIME REPORT NO			
4 ARRESTING AGENCY-PARKING		5 ARRESTING AGENCY-ALL OTHER		6 OUTSIDE AGENCY WARRANT		27 VICTIM/COMPLAINANT'S NAME		28 DATE/TIME OF CRIME			
7 OTHER BOOKING		8 ARRESTING AGENCY A.B		9 FEDERAL ARREST		29 VICTIM/COMPLAINANT'S ADDRESS-STREET		30 SEX		31 RACE	
12 2ND CHARGE		SOURCE		18 TYPE CHARGE <input type="checkbox"/> FEL <input type="checkbox"/> MISD		CITY		STATE		33 HOME PHONE	
16 CRIME DEFINITION				20 CLASS CODE		34 LOCATION OF ARREST (INCLUDE CROSS STREETS)		35 LOCATION CODE		36 DATE ARRESTED	
21 WARRANT BOOKING		WARRANT NO. _____				37 ARRESTED BY <input type="checkbox"/> OFFICER <input type="checkbox"/> PRIVATE PERSON		38 TIME		39 DAY	
1 ARRESTING AGENCY-BENCH		2 ARRESTING AGENCY 40500 VC		3 ORIGINAL CITATION CHARGES		40 DATE BOOKED		41 TIME		42 DATE	
4 ARRESTING AGENCY-PARKING		5 ARRESTING AGENCY-ALL OTHER		6 OUTSIDE AGENCY WARRANT		43 ACCOMPLICES					
7 OTHER BOOKING		8 ARRESTING AGENCY A.B		9 FEDERAL ARREST							
22 WARRANT CHECK RUN:		24 IS ARRESTEE PAROLEE?		25 SSD <input type="checkbox"/> SPD <input type="checkbox"/> CLETS <input type="checkbox"/>		26 NO <input type="checkbox"/> YES: <input type="checkbox"/> CAA <input type="checkbox"/> CYA					
4 ARRESTEE/SUSPECT NAME (LAST, FIRST, MIDDLE)		15 NICKNAME		16 ALIAS (LAST, FIRST, MIDDLE)							
17 ARRESTEE/SUSPECT ADDRESS (NUMBER-STREET)		18 CITY		19 STATE		20 ZIP CODE		21 HOME PHONE			
22 SEX		23 RACE		24 AGE		25 DATE OF BIRTH		26 PLACE OF BIRTH		27 HEIGHT	
28 WEIGHT		29 HAIR		30 EYES		31 MARKS, SCARS, ETC					
32 DRIVER'S LICENSE NO.		33 STATE		34 SOCIAL SECURITY NO.		35 OCCUPATION-NAME OF EMPLOYER		36 BUSINESS PHONE			
37 ARREST RESULTING FROM TRAFFIC ACCIDENT		38 ARRESTEE SOBRIETY		39 DRUNK <input type="checkbox"/>		40 NARCOTIC <input type="checkbox"/>		41 NAME OF PARENT/GUARDIAN		42 ADDRESS	
43 YES <input type="checkbox"/> NO <input type="checkbox"/>		44 SOBER <input type="checkbox"/>		45 DRINKING <input type="checkbox"/>		46 UNDER INFLUENCE <input type="checkbox"/>		47 72 ADDRESS		48 73 PHONE	
49 SOBRIETY TEST		50 SOBRIETY TEST GIVEN		51 BLOOD <input type="checkbox"/>		52 BREATH <input type="checkbox"/>		53 74 NOTIFIED? <input type="checkbox"/> YES <input type="checkbox"/> NO		54 75 HOW NOTIFIED?	
53 NO <input type="checkbox"/> REFUSED <input type="checkbox"/>		54 BLOOD <input type="checkbox"/> URINE <input type="checkbox"/>						55 76 BY WHOM?		56 77 SIGNATURE OF DEPUTY PROBATION OFFICER ACCEPTING CUSTODY	
78 ADULT		79 JUVENILE		80 LICENSE NO.		81 STATE		82 MAKE		83 YEAR	
01 UNFOUNDED		11 IN CUSTODY		84 MODEL		85 BODY STYLE		86 COLOR			
02 ARREST		12 PROBATION		87 VEHICLE DISPOSITION		88 STORED <input type="checkbox"/>		89 IMPOUNDED <input type="checkbox"/>		LOCATION _____	
03 EXCEPTIONAL		13 CANCEL BY PARENT									
DATE CLEARED _____											
87 MISDEMEANOR ARRESTS: INDICATE REASON FOR NON RELEASE BY CITATION PURSUANT TO 853.6 (J) P C		6 RELEASE WOULD JEOPARDIZE PROSECUTION		7 LIKELIHOOD CRIME WILL CONTINUE OR SAFETY OF PERSONS OR PROPERTY WOULD BE ENDANGERED		8 DEMANDS TO SEE MAGISTRATE OR REFUSES TO SIGN CITATION		9 OTHER REASON(S)			
1 INTOXICATION DANGER TO SELF OR OTHERS		2 MEDICAL AID-UNABLE TO CARE FOR OWN SAFETY		3 ARREST FOR ONE OR MORE CRIMES UNDER 40302 VC		4 OUTSTANDING WARRANT(S)		5 UNSATISFACTORY IDENTIFICATION			
88 SYNOPSIS OF CORPUS DELICTI FOR ADULT ARREST (FULL DETAILS REQUIRED FOR ADULT WITH NO CRIME REPORT OR JUVENILE CUSTODY) ALSO INCLUDE ALL ADDITIONAL CHARGES FOR WARRANT SERVED OR HELD IN ABEYANCE. LIST NUMBER, COURT CHARGE, DATE ISSUED, JUDGE AND AMOUNT OF BAIL.											
89 REPORTING OFFICER		90 BADGE		91 DIV		92 ASSISTING OFFICER		93 BADGE		94 DIV	

CHAPTER XII-ARREST REPORT FORM INSTRUCTIONS

- Box 15 WARRANT BOOKING--If the first charge is a warrant, one of the five boxes shall be checked. Enter the warrant (docket) number in the space provided. For 40508 CVC warrants, list the original citation charges in the space provided. If the warrant is served for an outside agency, enter the name of the agency in the space provided.
- Box 16 OTHER BOOKING--"X" the appropriate box to indicate if the first charge is based on an SPD Arrest Bulletin, federal arrest, or an en route booking (no warrant). For an en route booking, list the name of the agency which has the warrant.
- Box 17-22 2ND CHARGE--Enter second charge as directed for boxes 11-16.
- Box 23 WARRANT CHECK RUN--Run all warrants checks. "X" all boxes.
- Box 24 IS ARRESTEE A PAROLEE?--"X" all boxes yes or no.
- Box 25 LOCATION OF CRIME--Enter the location where the crime occurred. Leave blank for warrants only arrests.
- Box 26 SPD CRIME REPORT NUMBER--For a fresh crime, enter the report number assigned to the case.
- For an SPD warrant, enter the report number from which the warrant was issued. The number should be on the warrant worksheet or contact "warrant radio".
- If no report number is available for the warrant, or if the warrant is from an outside agency, obtain and enter a new report number.
- Boxes 27, 29, and 33--DO NOT COMPLETE FOR VICTIMS OF SEXUAL ASSAULTS OR IF VICTIM IS UNDER 18 YEARS OF AGE.
- Box 27 VICTIM/COMPLAINANT'S NAME--Enter the victim's name. For warrant arrests, enter State of California.
- Box 28 DATE/TIME OF CRIME--Enter the date and time the crime occurred. Leave blank for warrant arrests.

ARREST REPORT

SACRAMENTO COUNTY JAIL

SSD CLEAR-UP

OTHER:

CHP

SPD

1 1ST CHARGE		SOURCE		17 TYPE CHARGE <input type="checkbox"/> FEL <input type="checkbox"/> MISD		3 JUVENILE <input type="checkbox"/> ADULT		4 ADDITIONAL BOOKING SUBJECT IN CUSTODY <input type="checkbox"/> BODILESS BOOKING		5 ARRESTING AGENCY FIP NO.	
13 CRIME DEFINITION		18 CLASS CODE		6 CII NUMBER		7 FBI NUMBER		8 REGISTRY NUMBER		9 BAIL	
14 WARRANT BOOKING		WARRANT NO		25 LOCATION OF CRIME		26 SPD CRIME REPORT NO		27 VICTIM/COMPLAINANT'S NAME		28 DATE/TIME OF CRIME	
1 ARRESTING AGENCY-BENCH		ARRESTING AGENCY 40508 VC		3 ORIGINAL CITATION CHARGES		29 VICTIM/COMPLAINANT'S ADDRESS-STREET		30 SEX		31 RACE	
3 ARRESTING AGENCY-PARKING		4 ARRESTING AGENCY-ALL OTHER		5 OUTSIDE AGENCY WARRANT:		NAME OF AGENCY ENROUTE (NO WARRANT)		32 AGE		33 HOME PHONE	
16 OTHER BOOKING		6 ARRESTING AGENCY A.B		7 FEDERAL ARREST		8 TO		34 LOCATION OF ARREST (INCLUDE CROSS STREETS)		35 LOCATION CODE	
19 2ND CHARGE		SOURCE		20 TYPE CHARGE <input type="checkbox"/> FEL <input type="checkbox"/> MISD		21 CLASS CODE		36 DATE ARRESTED		37 TIME	
22 CRIME DEFINITION		23 WARRANT BOOKING		WARRANT NO		38 ARRESTED BY		39 OFFICER		40 PRIVATE PERSON	
1 ARRESTING AGENCY-BENCH		2 ARRESTING AGENCY 40508 VC		3 ORIGINAL CITATION CHARGES		4 ARRESTING AGENCY-PARKING		5 ARRESTING AGENCY-ALL OTHER		6 OUTSIDE AGENCY WARRANT:	
7 OUTSIDE AGENCY WARRANT:		NAME OF AGENCY ENROUTE (NO WARRANT)		8 TO		41 DATE BOOKED		42 TIME		43 DATE	
16 OTHER BOOKING		6 ARRESTING AGENCY A.B		7 FEDERAL ARREST		8 TO		44 ACCOMPLICES		45 ALIAS (LAST, FIRST, MIDDLE)	
23 WARRANT CHECK RUN:		24 IS ARRESTEE PAROLEE?		25 SSD		26 SPD		27 CLETS		28 NO	
29 YES		30 CAA		31 CYA		32 ARRESTEE/SUSPECT NAME (LAST, FIRST MIDDLE)		33 NICKNAME		34 ARRESTEE/SUSPECT ADDRESS (NUMBER-STREET)	
35 CITY		36 STATE		37 ZIP CODE		38 HOME PHONE		39 SEX		40 RACE	
41 AGE		42 DATE OF BIRTH		43 PLACE OF BIRTH		44 HEIGHT		45 WEIGHT		46 HAIR	
47 EYES		48 MARKS, SCARS, ETC		49 DRIVER'S LICENSE NO.		50 STATE		51 SOCIAL SECURITY NO.		52 OCCUPATION-NAME OF EMPLOYER	
53 BUSINESS PHONE		54 ARREST RESULTING FROM TRAFFIC ACCIDENT		55 YES		56 NO		57 ARRESTEE SOBRIETY		58 SOBER	
59 DRUNK		60 DRINKING		61 UNDER INFLUENCE		62 SOBRIETY TEST		63 NO		64 REFUSED	
65 SOBRIETY TEST GIVEN		66 BLOOD		67 URINE		68 BREATH		69 NAME OF PARENT/GUARDIAN		70 ADDRESS	
71 PHONE		72 NOTIFIED?		73 YES		74 NO		75 HOW NOTIFIED?		76 BY WHOM?	
77 SIGNATURE OF DEPUTY PROBATION OFFICER ACCEPTING CUSTODY		78 ADULT		79 JUVENILE		80 LICENSE NO.		81 STATE		82 MAKE	
83 YEAR		84 UNFOUNDED		85 ARREST		86 EXCEPTIONAL		87 MODEL		88 BODY STYLE	
89 COLOR		90 IN CUSTODY		91 PROBATION COUNSEL/RELEASE		92 CANCEL BY PARENT		93 VEHICLE DISPOSITION		94 STORED	
95 IMPOUNDED		96 LOCATION		97 MISDEMEANOR ARRESTS: INDICATE REASON FOR NON RELEASE BY CITATION PURSUANT TO 853.6 (J) P C		98 INTOXICATION DANGER TO SELF OR OTHERS		99 MEDICAL AID-UNABLE TO CARE FOR OWN SAFETY		100 ARREST FOR ONE OR MORE CRIMES UNDER 40302 VC	
101 OUTSTANDING WARRANT(S)		102 UNSATISFACTORY IDENTIFICATION		103 RELEASE WOULD JEOPARDIZE PROSECUTION		104 LIKELIHOOD CRIME WILL CONTINUE OR SAFETY OF PERSONS OR PROPERTY WOULD BE ENDANGERED		105 DEMANDS TO SEE MAGISTRATE OR REFUSES TO SIGN CITATION		106 OTHER REASON(S)	
107 SYNOPSIS OF CORPUS DELICTI FOR ADULT ARREST (FULL DETAILS REQUIRED FOR ADULT WITH NO CRIME REPORT OR JUVENILE CUSTODY) ALSO INCLUDE ALL ADDITIONAL CHARGES FOR WARRANT SERVED OR HELD IN ABEYANCE LIST NUMBER COURT CHARGE DATE ISSUED, JUDGE AND AMOUNT OF BAIL											
89 REPORTING OFFICER		90 BADGE		91 DIV		92 ASSISTING OFFICER		93 BADGE		94 DIV	

CHAPTER XII--ARREST REPORT FORM INSTRUCTIONS

- Box 29 VICTIM/COMPLAINANT'S ADDRESS--Enter the address of the victim or complainant. Leave blank for warrant arrests.
- Box 30-33 VICTIM INFORMATION--Enter the sex, race, age and home phone number of the victim. Leave blank for warrant arrests.
- Box 34 LOCATION OF ARREST--Enter the location of the arrest.
- Box 35 LOCATION CODE--Leave blank.
- Box 36-38 DATE/TIME/DAY ARRESTED--Enter the date, time and day of the arrest.
- Box 39 ARRESTED BY--"X" officer or private person. Enter the name of the private person or officer if different from the reporting officer (Box 89).
- Box 40&42 DATE/DAY BOOKED--Enter the booking date and day.
- Box 41 The Jail staff will enter the time.
- Box 43 ACCOMPLICES--List arrested accomplices.
- Box 44 ARRESTEE/SUSPECT NAME--Enter the arrestee's name, last name first. If the arrestee refuses name, enter DOE, Jane or John, as applicable.
- Box 44-66 ARRESTEE INFORMATION--Enter the arrestee's information. If the arrestee refuses or cannot provide the information, enter "refused" or "unknown".
- Box 67 TRAFFIC ACCIDENT--"X" yes or no.
- Box 68 ARRESTEE SOBRIETY--"X" the box applicable to the sobriety of the arrestee.
- Box 69 SOBRIETY TEST--"X" no if a sobriety test was not administered. "X" refused if the arrestee refused or failed to complete any sobriety test.
- Box 70 SOBRIETY TEST GIVEN--"X" the box applicable to the type of sobriety test administered. Enter breath results.

ARREST REPORT

SACRAMENTO COUNTY JAIL

SSD CLEAR-UP SSD CHP SPD OTHER:

11 1ST CHARGE		12 TYPE CHARGE <input type="checkbox"/> FEL <input type="checkbox"/> MISD		3 JUVENILE <input type="checkbox"/> ADULT <input type="checkbox"/>		4 ADDITIONAL BOOKING SUBJECT IN CUSTODY <input type="checkbox"/> RODILESS BOOKING <input type="checkbox"/>		5 ARRESTING AGENCY FIP NO	
13 CRIME DEFINITION		14 CLASS CODE		6 CI NUMBER		7 FBI NUMBER			
15 WARRANT BOOKING		16 CLASS CODE		8 REGISTRY NUMBER		9 BAIL		10 COURT	
1 <input type="checkbox"/> ARRESTING AGENCY-BENCH 2 <input type="checkbox"/> ARRESTING AGENCY 40508 VC 3 <input type="checkbox"/> ARRESTING AGENCY-PARKING 4 <input type="checkbox"/> ARRESTING AGENCY-ALL OTHER 5 <input type="checkbox"/> OUTSIDE AGENCY WARRANT		WARRANT NO. _____ NAME OF AGENCY _____ ENROUTE (NO WARRANT) _____		25 LOCATION OF CRIME		26 SPD CRIME REPORT NO.		27 VICTIM/COMPLAINANT'S NAME	
16 OTHER BOOKING		17 2ND CHARGE		28 DATE/TIME OF CRIME		29 VICTIM/COMPLAINANT'S ADDRESS-STREET		30 SEX 31 RACE 32 AGE	
6 <input type="checkbox"/> ARRESTING AGENCY A.B. 7 <input type="checkbox"/> FEDERAL ARREST		SOURCE _____ <input type="checkbox"/> FEL <input type="checkbox"/> MISD		CITY _____ STATE _____		33 HOME PHONE			
17 CRIME DEFINITION		18 CLASS CODE		34 LOCATION OF ARREST (INCLUDE CROSS STREETS)		35 LOCATION CODE		36 DATE ARRESTED 37 TIME 38 DAY	
1 <input type="checkbox"/> ARRESTING AGENCY-BENCH 2 <input type="checkbox"/> ARRESTING AGENCY 40508 VC 3 <input type="checkbox"/> ARRESTING AGENCY-PARKING 4 <input type="checkbox"/> ARRESTING AGENCY-ALL OTHER 5 <input type="checkbox"/> OUTSIDE AGENCY WARRANT		WARRANT NO. _____ NAME OF AGENCY _____ ENROUTE (NO WARRANT) _____		39 ARRESTED BY <input type="checkbox"/> OFFICER <input type="checkbox"/> PRIVATE PERSON		40 DATE BOOKED		41 TIME 42 DATE	
18 OTHER BOOKING		19 WARRANT CHECK RUN:		43 ACCOMPLICES		44 DATE ARRESTED		45 TIME 46 DAY	
6 <input type="checkbox"/> ARRESTING AGENCY A.B. 7 <input type="checkbox"/> FEDERAL ARREST		23 <input type="checkbox"/> SSD <input type="checkbox"/> SPD <input type="checkbox"/> CLETS		47 NICKNAME		48 DATE ARRESTED		49 TIME 50 DAY	
20 ARRESTEE/SUSPECT NAME (LAST, FIRST, MIDDLE)		24 IS ARRESTEE PAROLEE? <input type="checkbox"/> NO <input type="checkbox"/> YES		49 ALIAS (LAST, FIRST, MIDDLE)		51 HOME PHONE			
21 ARRESTEE/SUSPECT ADDRESS (NUMBER-STREET)		25 STATE		52 ARRESTEE/SUSPECT ADDRESS (NUMBER-STREET)		53 CITY		54 STATE	
22 SEX 23 RACE 24 AGE 25 DATE OF BIRTH		26 PLACE OF BIRTH		55 HEIGHT 56 WEIGHT 57 HAIR 58 EYES		59 MARKS, SCARS, ETC			
27 DRIVER'S LICENSE NO.		28 SOCIAL SECURITY NO		60 OCCUPATION-NAME OF EMPLOYER		61 BUSINESS PHONE			
29 ARREST RESULTING FROM TRAFFIC ACCIDENT		62 ARRESTEE SOBRIETY		63 NAME OF PARENT/GUARDIAN		64 ADDRESS		65 PHONE	
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> SOBER <input type="checkbox"/> DRUNK <input type="checkbox"/> DRINKING <input type="checkbox"/> NARCOTIC <input type="checkbox"/> UNDER INFLUENCE		66 NOTIFIED? <input type="checkbox"/> YES <input type="checkbox"/> NO		67 HOW NOTIFIED?		68 BY WHOM?	
69 SOBRIETY TEST		70 SOBRIETY TEST GIVEN		69 SIGNATURE OF DEPUTY PROBATION OFFICER ACCEPTING CUSTODY					
<input type="checkbox"/> NO <input type="checkbox"/> REFUSED		<input type="checkbox"/> BLOOD <input type="checkbox"/> BREATH <input type="checkbox"/> URINE							
71 ADULT		72 JUVENILE		73 LICENSE NO		74 STATE		75 MAKE 76 YEAR	
01 <input type="checkbox"/> UNFOUNDED 02 <input type="checkbox"/> ARREST 03 <input type="checkbox"/> EXCEPTIONAL DATE CLEARED: _____		11 <input type="checkbox"/> IN CUSTODY 12 <input type="checkbox"/> PROBATION 13 <input type="checkbox"/> COUNSEL/RELEASE 14 <input type="checkbox"/> CANCEL BY PARENT		77 MODEL		78 BODY STYLE		79 COLOR	
80 MISDEMEANOR ARRESTS: INDICATE REASON FOR NON-RELEASE BY CITATION PURSUANT TO 853.6 (J) P C		81 VEHICLE DISPOSITION		82 STORED <input type="checkbox"/> 83 IMPOUNDED <input type="checkbox"/>		84 LOCATION			
1 <input type="checkbox"/> INTOXICATION-DANGER TO SELF OR OTHERS 2 <input type="checkbox"/> MEDICAL AID-UNABLE TO CARE FOR OWN SAFETY 3 <input type="checkbox"/> ARREST FOR ONE OR MORE CRIMES UNDER 40302 VC 4 <input type="checkbox"/> OUTSTANDING WARRANT(S) 5 <input type="checkbox"/> UNSATISFACTORY IDENTIFICATION		<input type="checkbox"/> RELEASE WOULD JEOPARDIZE PROSECUTION <input type="checkbox"/> LIKELIHOOD CRIME WILL CONTINUE OR SAFETY OF PERSONS OR PROPERTY WOULD BE ENDANGERED <input type="checkbox"/> DEMANDS TO SEE MAGISTRATE OR REFUSES TO SIGN CITATION <input type="checkbox"/> OTHER REASON(S)							
85 SYNOPSIS OF CORPUS DELICTI FOR ADULT ARREST (FULL DETAILS REQUIRED FOR ADULT WITH NO CRIME REPORT OR JUVENILE CUSTODY) ALSO INCLUDE ALL ADDITIONAL CHARGES FOR WARRANT SERVED OR HELD IN ABEYANCE LIST NUMBER COURT CHARGE DATE ISSUED JUDGE AND AMOUNT OF BAIL									
86 REPORTING OFFICER		87 BADGE		88 DIV		89 ASSISTING OFFICER		90 BADGE 91 DIV	

CHAPTER XII--ARREST REPORT FORM INSTRUCTIONS

- Box 71-73 NAME OF PARENT/GUARDIAN/ADDRESS/PHONE--For juveniles, enter the information of the legal guardian or parent.
- For adults, enter the information of the person they wish to be contacted in the case of an emergency.
- Box 74-76 NOTIFIED/HOW/BY WHOM--The law requires the parent or guardian of arrested juveniles be immediately told the charges and location of custody. Enter the information of the parent or guardian notified.
- If phone contact cannot be made, document that a note was left at the residence.
- If phone contact cannot be made and the parent resides in another city, document that a another police agency was requested to make contact.
- Box 77 Signature of Deputy Probation Officer.
- Box 78 SSD Only - do not use this space.
- Box 79-85 SUSPECT VEHICLE--Describe the vehicle the arrestee was in or driving, or enter "on foot" or "none".
- Box 86 VEHICLE DISPOSITION--"X" to indicate if the arrestee's vehicle was stored or impounded. Enter the location of the tow company. If the vehicle was left at the scene of the arrest, enter "scene". If the suspect released the vehicle to someone, enter that person's name.
- Box 87 REASON FOR NON-RELEASE--If the booking is a misdemeanor, indicate why the suspect was not cited and field-released.
- Box 88 SYNOPSIS--Write a brief summary of the incident including the required elements of the crime.
- Box 89-91 REPORTING OFFICER--Complete as instructed for the Crime Report.
- Box 92-94 ASSISTING OFFICER--Complete as instructed for the Crime Report.

- TYPE OF REPORT
 RECLASSIFICATION
 UNFOUNDED
 CLEAR-UP
 MISSING PERSON LOCATED

SACRAMENTO POLICE DEPARTMENT
 RECLASS/UNFOUNDED/CLEAR UP

1	REPORT NUMBER

2 VICTIM NAME	3 CRIME CLASSIFICATION
---------------	------------------------

4 RECLASSIFICATION	CRIME CLASS CODE	CRIME CODE SECTION	SOURCE	DATE REPORTED
	FROM			
	TO			

5 UNFOUNDED	CRIME CLASS CODE	CRIME CODE SECTION	SOURCE	DATE REPORTED
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6 CLEAR UP	CLEARED BY ARREST	CLEARED BY CITATION	NO ARREST	DATE REPORTED
	1 <input type="checkbox"/> ADULT BOOKED	2 <input type="checkbox"/> JUVENILE BOOKED	3 <input type="checkbox"/> ADULT CITED	

PERSON ARRESTED OR RESPONSIBLE

CLEARED, OTHER: NO ARREST - OFFENDER IDENTITY WAS DEFINITELY ESTABLISHED.

- | | |
|--|--|
| 6 <input type="checkbox"/> VICTIM REFUSED TO PROSECUTE | 13 <input type="checkbox"/> CLEARED BY EXCEPTIONAL MEANS NOT ALREADY LISTED - ALL OF THE FOLLOWING QUESTIONS MUST BE ANSWERED "YES": |
| 7 <input type="checkbox"/> PROSECUTED BY ANOTHER AGENCY | A. HAS THE INVESTIGATION DEFINITELY ESTABLISHED THE IDENTITY OF THE OFFENDER? |
| 8 <input type="checkbox"/> DA REFUSED TO PROSECUTE OR FILE | B. IS THERE ENOUGH INFORMATION TO SUPPORT AN ARREST, CHARGE, AND TURNING OVER TO THE COURT FOR PROSECUTION? |
| 9 <input type="checkbox"/> OFFENDER CHARGED IN A DIFFERENT SPD CASE AND WILL NOT BE CHARGED IN THIS CASE | C. DO YOU KNOW THE EXACT LOCATION OF THE OFFENDER SO THAT YOU COULD TAKE HIM INTO CUSTODY NOW? |
| 10 <input type="checkbox"/> JUVENILE OFFENDER COUNSELED AND FIELD RELEASED | D. IS THERE SOME REASON OUTSIDE THE POLICE CONTROL THAT STOPS YOU FROM ARRESTING, CHARGING, AND PROSECUTING THE OFFENDER? |
| 11 <input type="checkbox"/> RESTITUTION MADE | |
| 12 <input type="checkbox"/> JUSTIFIABLE HOMICIDE | |

7 OFFENDER INFORMATION

PERSON ARRESTED/RESPONSIBLE (LAST, FIRST, MIDDLE)	AGE	DOB	SEX	RACE	NAT'L	ARREST REPORT OR CITATION #	SPD NUMBER	CHARGES

8 ADDITIONAL CRIME REPORTS CLEARED IN SAME MANNER

1	5	9	13	17
2	6	10	14	18
3	7	11	15	19
4	8	12	16	20

9 MISSING PERSON LOCATED

DATE REPORTED	DATE FOUND	TIME FOUND	ON LINE FILE UPDATED
REPORTED BY (NAME/RELATIONSHIP/AGENCY)		NAME	BADGE DATE TIME
WHERE PERSON LOCATED			

10 REMARKS/OR ADDITIONAL ARRESTEES

11 REPORT PREPARED BY	12 BADGE	13 DIV	14 APPROVED BY	15 BADGE
16 ASSISTING OFFICER	17 BADGE	18 DIV	19 DATE	20 TIME
PAGE				OF

CHAPTER XIII—SPD 102 FORM INSTRUCTIONSRECLASS/UNFOUNDED/CLEAR UP FORM

This form serves four (4) functions:

1. Reclassification of reports
2. Documenting unfounded reports
3. Clearing of reports
4. Clearing Missing Person Reports when MP's are located.

Original Police Reports shall not be disposed of, changed or edited. When mistakes in fact are learned, Police Reports shall be reclassified, using the same report number, or documented as unfounded.

I. RECLASSIFICATION

- A. Use this form when it is necessary to reclassify one Police Report type to another.

Example: Casualty Report to Crime Report

A death is documented in a Casualty Report, then an autopsy reveals the required elements of murder.

Complete Box 4 as applicable to reclassify the Casualty Report to a 187 PC Crime Report. Add SPD 102 form to the original report.

Example: Traffic Collision Report to Crime Report.

An apparent auto versus pedestrian hit and run is written as a Traffic Collision Report. Subsequent investigation reveals the parties know each other and the required elements of AWDW are present.

Complete Box 4 as applicable to reclassify the Traffic Collision Report to a 245 (a)(1) PC Crime Report. Add SPD 102 form to the original report.

- B. Use this form when it is necessary to reclassify a Police Report.

- TYPE OF REPORT
 RECLASSIFICATION
 UNFOUNDED
 CLEAR-UP
 MISSING PERSON LOCATED

SACRAMENTO POLICE DEPARTMENT
 RECLASS/UNFOUNDED/CLEAR UP

1	REPORT NUMBER

2 VICTIM NAME	3 CRIME CLASSIFICATION
---------------	------------------------

4 RECLASSIFICATION	FROM	CRIME CLASS CODE	CRIME CODE SECTION	SOURCE	DATE REPORTED
	TO	CRIME CLASS CODE	CRIME CODE SECTION	SOURCE	

5 UNFOUNDED	CRIME CLASS CODE	CRIME CODE SECTION	SOURCE	DATE REPORTED
-------------	------------------	--------------------	--------	---------------

6 CLEAR UP	CLEARED BY ARREST	CLEARED BY CITATION	NO ARREST	DATE REPORTED
	1 <input type="checkbox"/> ADULT BOOKED	2 <input type="checkbox"/> JUVENILE BOOKED	3 <input type="checkbox"/> ADULT CITED	4 <input type="checkbox"/> JUVENILE CITED
	5 <input type="checkbox"/> VICTIM REFUSED TO COOPERATE (OFFENDER WAS NOT IDENTIFIED)			

PERSON ARRESTED OR RESPONSIBLE

CLEARED, OTHER: NO ARREST - OFFENDER IDENTITY WAS DEFINITELY ESTABLISHED.

- 6 VICTIM REFUSED TO PROSECUTE
- 7 PROSECUTED BY ANOTHER AGENCY
- 8 DA REFUSED TO PROSECUTE OR FILE
- 9 OFFENDER CHARGED IN A DIFFERENT SPD CASE AND WILL NOT BE CHARGED IN THIS CASE
- 10 JUVENILE OFFENDER COUNSELED AND FIELD RELEASED
- 11 RESTITUTION MADE
- 12 JUSTIFIABLE HOMICIDE
- 13 CLEARED BY EXCEPTIONAL MEANS NOT ALREADY LISTED - ALL OF THE FOLLOWING QUESTIONS MUST BE ANSWERED "YES":
 - A. HAS THE INVESTIGATION DEFINITELY ESTABLISHED THE IDENTITY OF THE OFFENDER?
 - B. IS THERE ENOUGH INFORMATION TO SUPPORT AN ARREST, CHARGE, AND TURNING OVER TO THE COURT FOR PROSECUTION?
 - C. DO YOU KNOW THE EXACT LOCATION OF THE OFFENDER SO THAT YOU COULD TAKE HIM INTO CUSTODY NOW?
 - D. IS THERE SOME REASON OUTSIDE THE POLICE CONTROL THAT STOPS YOU FROM ARRESTING, CHARGING, AND PROSECUTING THE OFFENDER?

7 OFFENDER INFORMATION

PERSON ARRESTED/RESPONSIBLE (LAST, FIRST, MIDDLE)	AGE	DOB	SEX	RACE	NAT'L	ARREST REPORT OR CITATION #	SPD NUMBER	CHARGES

8 ADDITIONAL CRIME REPORTS CLEARED IN SAME MANNER

1	5	9	13	17
2	6	10	14	18
3	7	11	15	19
4	8	12	16	20

9 MISSING PERSON LOCATED

DATE REPORTED	DATE FOUND	TIME FOUND	ON LINE FILE UPDATED
REPORTED BY (NAME/RELATIONSHIP/AGENCY)			
WHERE PERSON LOCATED			

10 REMARKS/OR ADDITIONAL ARRESTEES

11 REPORT PREPARED BY	12 BADGE	13 DIV	14 APPROVED BY	15 BADGE
16 ASSISTING OFFICER	17 BADGE	18 DIV	19 DATE	20 TIME
PAGE				OF

CHAPTER XIII—SPD 102 FORM INSTRUCTIONS

Example: The theft of a purse from a shopping cart is documented as a petty theft. The victim later discovers a \$700.00 ring was in the purse.

Complete Box 4 to reclassify the 484 PC Crime Report to a 487.1 PC Crime Report. Add SPD 102 form to the original report.

- C. Give a synopsis of the reasons for reclassifying the report in the Remarks section, Box 10. Continue on a Report Supplement page as necessary.

II. UNFOUNDED REPORTS

- A. Use this form whenever it is determined that the required elements of the crime did not, in fact, exist when the Police Report was written. Complete Box 5 and add SPD 102 form to the original report.

1. Example: Investigation reveals that a "burglary" was, in fact, a civil matter in which an estranged spouse took the property.

2. Example: Investigation reveals that a "stolen" car was, in fact, repossessed.

- B. Do not use this form when a suspected drunk driver passes a breath test and is released per 849(b)(1) PC.

- C. Give a synopsis of the reason for unbounding the report in the Remarks section, Box 10. Continue on a Report Supplement page as necessary.

III. CLEARING REPORTS

- A. Do complete this form whenever:

1. A suspect is arrested or cited for the involved crime after the initial report has been approved and sent to the Records Division. This includes:

a. warrantless arrests

b. arrests on initial Arrest Warrants issued from the complainant based on the Police Report.

- TYPE OF REPORT
 RECLASSIFICATION
 UNFOUNDED
 CLEAR-UP
 MISSING PERSON LOCATED

SACRAMENTO POLICE DEPARTMENT
 RECLASS/UNFOUNDED/CLEAR UP

1	REPORT NUMBER
---	---------------

2 VICTIM NAME	3 CRIME CLASSIFICATION
---------------	------------------------

4 RECLASSIFICATION	FROM	CRIME CLASS CODE	CRIME CODE SECTION	SOURCE	DATE REPORTED
	TO	CRIME CLASS CODE	CRIME CODE SECTION	SOURCE	

5 UNFOUNDED	CRIME CLASS CODE	CRIME CODE SECTION	SOURCE	DATE REPORTED
-------------	------------------	--------------------	--------	---------------

6 CLEAR UP	CLEARED BY ARREST		CLEARED BY CITATION		NO ARREST	DATE REPORTED
	1 <input type="checkbox"/> ADULT BOOKED	2 <input type="checkbox"/> JUVENILE BOOKED	3 <input type="checkbox"/> ADULT CITED	4 <input type="checkbox"/> JUVENILE CITED	5 <input type="checkbox"/> VICTIM REFUSED TO COOPERATE (OFFENDER WAS NOT IDENTIFIED)	
PERSON ARRESTED OR RESPONSIBLE						
CLEARED, OTHER: NO ARREST - OFFENDER IDENTITY WAS DEFINITELY ESTABLISHED. 6 <input type="checkbox"/> VICTIM REFUSED TO PROSECUTE 7 <input type="checkbox"/> PROSECUTED BY ANOTHER AGENCY 8 <input type="checkbox"/> DA REFUSED TO PROSECUTE OR FILE 9 <input type="checkbox"/> OFFENDER CHARGED IN A DIFFERENT SPD CASE AND WILL NOT BE CHARGED IN THIS CASE 10 <input type="checkbox"/> JUVENILE OFFENDER COUNSELED AND FIELD RELEASED 11 <input type="checkbox"/> RESTITUTION MADE 12 <input type="checkbox"/> JUSTIFIABLE HOMICIDE 13 <input type="checkbox"/> CLEARED BY EXCEPTIONAL MEANS NOT ALREADY LISTED - ALL OF THE FOLLOWING QUESTIONS MUST BE ANSWERED "YES": A. HAS THE INVESTIGATION DEFINITELY ESTABLISHED THE IDENTITY OF THE OFFENDER? B. IS THERE ENOUGH INFORMATION TO SUPPORT AN ARREST, CHARGE, AND TURNING OVER TO THE COURT FOR PROSECUTION? C. DO YOU KNOW THE EXACT LOCATION OF THE OFFENDER SO THAT YOU COULD TAKE HIM INTO CUSTODY NOW? D. IS THERE SOME REASON OUTSIDE THE POLICE CONTROL THAT STOPS YOU FROM ARRESTING, CHARGING, AND PROSECUTING THE OFFENDER?						

7 OFFENDER INFORMATION							ARREST REPORT OR CITATION #	SPD NUMBER	CHARGES
PERSON ARRESTED/RESPONSIBLE (LAST, FIRST, MIDDLE)	AGE	DOB	SEX	RACE	NAT'L				

8 ADDITIONAL CRIME REPORTS CLEARED IN SAME MANNER				
1	5	9	13	17
2	6	10	14	18
3	7	11	15	19
4	8	12	16	20

9 MISSING PERSON LOCATED	DATE REPORTED	DATE FOUND	TIME FOUND	ON LINE FILE UPDATED			
	REPORTED-BY (NAME/RELATIONSHIP/AGENCY)			NAME	BADGE	DATE	TIME
WHERE PERSON LOCATED							

10 REMARKS/OR ADDITIONAL ARRESTEES

11 REPORT PREPARED BY	12 BADGE	13 DIV	14 APPROVED BY		15 BADGE
16 ASSISTING OFFICER	17 BADGE	18 DIV	19 DATE	20 TIME	PAGE _____ OF _____

CHAPTER XIII—SPD 102 FORM INSTRUCTIONS

2. The victim refuses to cooperate and the offender was not identified, rather or not the initial report has been approved or sent to the Records Division.

B. Do not complete this form when:

1. a suspect is arrested or cited at the time the report is prepared.
2. a suspect is arrested for secondary Arrest Warrants such as for Failure to Appear.

- TYPE OF REPORT
 RECLASSIFICATION
 UNFOUNDED
 CLEAR-UP
 MISSING PERSON LOCATED

SACRAMENTO POLICE DEPARTMENT
 RECLASS/UNFOUNDED/CLEAR UP

1	REPORT NUMBER

2 VICTIM NAME	3 CRIME CLASSIFICATION
---------------	------------------------

4 RECLASSIFICATION	FROM	CRIME CLASS CODE	CRIME CODE SECTION	SOURCE	DATE REPORTED
	TO	CRIME CLASS CODE	CRIME CODE SECTION	SOURCE	

5 UNFOUNDED	CRIME CLASS CODE	CRIME CODE SECTION	SOURCE	DATE REPORTED
-------------	------------------	--------------------	--------	---------------

6 CLEAR UP	CLEARED BY ARREST		CLEARED BY CITATION		NO ARREST	DATE REPORTED
	1 <input type="checkbox"/> ADULT BOOKED	2 <input type="checkbox"/> JUVENILE BOOKED	3 <input type="checkbox"/> ADULT CITED	4 <input type="checkbox"/> JUVENILE CITED	5 <input type="checkbox"/> VICTIM REFUSED TO COOPERATE (OFFENDER WAS NOT IDENTIFIED)	

PERSON ARRESTED OR RESPONSIBLE

CLEARED, OTHER: NO ARREST - OFFENDER IDENTITY WAS DEFINITELY ESTABLISHED.

6 <input type="checkbox"/> VICTIM REFUSED TO PROSECUTE	13 <input type="checkbox"/> CLEARED BY EXCEPTIONAL MEANS NOT ALREADY LISTED - ALL OF THE FOLLOWING QUESTIONS MUST BE ANSWERED "YES":
7 <input type="checkbox"/> PROSECUTED BY ANOTHER AGENCY	A HAS THE INVESTIGATION DEFINITELY ESTABLISHED THE IDENTITY OF THE OFFENDER?
8 <input type="checkbox"/> DA REFUSED TO PROSECUTE OR FILE	B IS THERE ENOUGH INFORMATION TO SUPPORT AN ARREST, CHARGE, AND TURNING OVER TO THE COURT FOR PROSECUTION?
9 <input type="checkbox"/> OFFENDER CHARGED IN A DIFFERENT SPD CASE AND WILL NOT BE CHARGED IN THIS CASE	C DO YOU KNOW THE EXACT LOCATION OF THE OFFENDER SO THAT YOU COULD TAKE HIM INTO CUSTODY NOW?
10 <input type="checkbox"/> JUVENILE OFFENDER COUNSELED AND FIELD RELEASED	D IS THERE SOME REASON OUTSIDE THE POLICE CONTROL THAT STOPS YOU FROM ARRESTING, CHARGING, AND PROSECUTING THE OFFENDER?
11 <input type="checkbox"/> RESTITUTION MADE	
12 <input type="checkbox"/> JUSTIFIABLE HOMICIDE	

7 OFFENDER INFORMATION							ARREST REPORT OR CITATION #	SPD NUMBER	CHARGES
PERSON ARRESTED/RESPONSIBLE (LAST, FIRST, MIDDLE)	AGE	DOB	SEX	RACE	NAT'L				

8 ADDITIONAL CRIME REPORTS CLEARED IN SAME MANNER				
1	5	9	13	17
2	6	10	14	18
3	7	11	15	19
4	8	12	16	20

9 MISSING PERSON LOCATED	DATE REPORTED	DATE FOUND	TIME FOUND	ON LINE FILE UPDATED			
	REPORTED BY (NAME/RELATIONSHIP/AGENCY)			NAME	BADGE	DATE	TIME
	WHERE PERSON LOCATED						

10 REMARKS/OR ADDITIONAL ARRESTEES

11 REPORT PREPARED BY	12 BADGE	13 DIV	14 APPROVED BY		15 BADGE
16 ASSISTING OFFICER	17 BADGE	18 DIV	19 DATE	20 TIME	PAGE ____ OF ____

CHAPTER XIII--SPD 102 FORM INSTRUCTIONSFORM COMPLETION INSTRUCTIONS

- Box 1 REPORT NUMBER--Enter Report Number.
- Box 2 VICTIM NAME--Enter the name of the victim, last name first.
- Box 3 CRIME CLASSIFICATION--Enter the crime code section and source or incident type of the report.
- Box 4 RECLASSIFICATION/DATE REPORTED--On the FROM line, enter the current crime code section and source.
- On the TO line, enter the new crime code section and source.
- Under the DATE REPORTED, enter the initial reporting date.
- Box 5 UNFOUNDED--Enter the crime class code, section, source and date of the initial report.
- Box 6 CLEAR UP--"X" boxes 1 through 6, 10 or 11 as applicable. Only detectives may "X" the other boxes.
- Box 7 OFFENDER INFORMATION--Complete as applicable. List additional subjects in the Remarks section, Box 10, providing the same information on each.
- Box 8 ADDITIONAL CRIME REPORTS CLEARED--Only detectives may complete this box.
- Box 9 MISSING PERSON LOCATED--Complete as indicated.
- Box 10 REMARKS--Give a synopsis of the clear up.

Example: Booked as sole suspect.

Example: Cited as 1 of 4 responsables. Suspects D. JONES and J. SMITH still outstanding. Suspect #4 still unidentified.

Example: MP returned home.

- TYPE OF REPORT
 RECLASSIFICATION
 UNFOUNDED
 CLEAR-UP
 MISSING PERSON LOCATED

SACRAMENTO POLICE DEPARTMENT
 RECLASS/UNFOUNDED/CLEAR UP

1	REPORT NUMBER

2	VICTIM NAME	3	CRIME CLASSIFICATION
---	-------------	---	----------------------

4	RECLASSIFICATION	CRIME CLASS CODE	CRIME CODE SECTION	SOURCE	DATE REPORTED
	FROM	CRIME CLASS CODE	CRIME CODE SECTION	SOURCE	
		TO			

5	UNFOUNDED	CRIME CLASS CODE	CRIME CODE SECTION	SOURCE	DATE REPORTED
---	-----------	------------------	--------------------	--------	---------------

6	CLEAR UP	CLEARED BY ARREST <input type="checkbox"/> ADULT BOOKED <input type="checkbox"/> JUVENILE BOOKED	CLEARED BY CITATION <input type="checkbox"/> ADULT CITED <input type="checkbox"/> JUVENILE CITED	NO ARREST <input type="checkbox"/> VICTIM REFUSED TO COOPERATE (OFFENDER WAS NOT IDENTIFIED)	DATE REPORTED
---	----------	---	---	---	---------------

PERSON ARRESTED OR RESPONSIBLE

CLEARED, OTHER: NO ARREST - OFFENDER IDENTITY WAS DEFINITELY ESTABLISHED.

<input type="checkbox"/> VICTIM REFUSED TO PROSECUTE <input type="checkbox"/> PROSECUTED BY ANOTHER AGENCY <input type="checkbox"/> DA REFUSED TO PROSECUTE OR FILE <input type="checkbox"/> OFFENDER CHARGED IN A DIFFERENT SPD CASE AND WILL NOT BE CHARGED IN THIS CASE <input type="checkbox"/> JUVENILE OFFENDER COUNSELED AND FIELD RELEASED <input type="checkbox"/> RESTITUTION MADE <input type="checkbox"/> JUSTIFIABLE HOMICIDE	<input type="checkbox"/> CLEARED BY EXCEPTIONAL MEANS NOT ALREADY LISTED - ALL OF THE FOLLOWING QUESTIONS MUST BE ANSWERED "YES": A HAS THE INVESTIGATION DEFINITELY ESTABLISHED THE IDENTITY OF THE OFFENDER? B IS THERE ENOUGH INFORMATION TO SUPPORT AN ARREST, CHARGE, AND TURNING OVER TO THE COURT FOR PROSECUTION? C DO YOU KNOW THE EXACT LOCATION OF THE OFFENDER SO THAT YOU COULD TAKE HIM INTO CUSTODY NOW? D IS THERE SOME REASON OUTSIDE THE POLICE CONTROL THAT STOPS YOU FROM ARRESTING, CHARGING, AND PROSECUTING THE OFFENDER?
--	--

7 OFFENDER INFORMATION							ARREST REPORT OR CITATION #	SPD NUMBER	CHARGES
PERSON ARRESTED/RESPONSIBLE (LAST, FIRST, MIDDLE)	AGE	DOB	SEX	RACE	NAT'L				

8 ADDITIONAL CRIME REPORTS CLEARED IN SAME MANNER				
1	5	9	13	17
2	6	10	14	18
3	7	11	15	19
4	8	12	16	20

9 MISSING PERSON LOCATED	DATE REPORTED	DATE FOUND	TIME FOUND	ON LINE FILE UPDATED			
	REPORTED BY (NAME/RELATIONSHIP/AGENCY)			NAME	BADGE	DATE	TIME
	WHERE PERSON LOCATED						

10 REMARKS/OR ADDITIONAL ARRESTEES

11 REPORT PREPARED BY	12 BADGE	13 DIV	14 APPROVED BY	15
16 ASSISTING OFFICER	17 BADGE	18 DIV	19 DATE	20 TIME
PAGE				OF

CHAPTER XIII-SPD 102 FORM INSTRUCTIONS

Example: Reporting person states MP called from Lodi and is with older sister.

Box 11-20 Complete as instructed for the Crime Report.

MEDICAL/CHILD RELEASE AUTHORIZATION(S)

REPORT NUMBER

1. AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

TO WHOM IT MAY CONCERN:

I, the undersigned, authorize any sworn representative of the Sacramento Police Department or the Sacramento County District Attorney's Office to obtain any of the medical records of _____ (_____) _____ (_____)
PATIENT'S NAME DATE OF BIRTH

they deem necessary to assist in the investigation of an incident which occurred on _____ 19_____.
 I hereby relieve you, your organization, or others from any and all civil and/or criminal liability which might result from the disclosure of the information requested. A photocopy of this authorization shall be as valid as the original.

Patient's signature or Parent/Guardian's signature if patient is under 18 years of age. DATE

Relationship to patient if authorization is by someone other than patient.

Witness Signature DATE

Please send the above records to the attention of _____

2. CHILD RELEASE AUTHORIZATION

I, _____, authorize _____ to release my child(ren) to
NAME OF PARENT OR GUARDIAN OFFICER'S NAME BADGE #
 _____ who is _____ I release the Sacramento Police Department from a
FULL NAME RELATIONSHIP (Uncle, Neighbor, etc.)
 further responsibility for the welfare and safety of my child(ren).

CHILD(REN) BEING RELEASED

NAME	D.O.B.	AGE	SEX	ADDRESS	PHONE #

Signature of Parent or Guardian _____ Date _____

CUSTODY ACCEPTANCE

I, _____, accept custody of and responsibility for the safety and welfare of the above-named
PRINT NAME OF PERSON ACCEPTING CUSTODY
 child(ren). I will retain custody of the child(ren) until their parent(s) or legal guardian, or a court order relieves me of my responsibility.

SIGNATURE ADDRESS DATE PHONE #

OFFICER'S SIGNATURE DATE

CHAPTER XIV—SPD 152 FORM INSTRUCTIONSMEDICAL/CHILD RELEASE AUTHORIZATION(S)

The Medical/Child Release Authorization(s) form, SPD 152 is a dual-purpose form. It provides a means for the patient, or the parent/guardian to authorize the Sacramento Police Department or the Sacramento County District Attorney's Office to obtain records relating to the case.

If there is an entry on the Crime Report (SPD 100), Box 56, indicating that a Medical Release has been obtained, Box 4, this form must be completed. Obtain a release from each victim who is treated at a hospital.

It also serves as an authorization form for the parent/guardian to designate a representative to care for their dependent children due to circumstances of a case.

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FOR USE AS
SINGLE PAGE REPORT
ONLY

2. VICTIM NAME	3. CRIME CODE SECTION
----------------	-----------------------

NARRATIVE, Continued:

Involvement Codes: S - Stolen R - Recovered L - Lost F - Found

4. FILL IN TOTALS FOR STOLEN/RECOVERED PROPERTY ONLY

A. CURRENCY/NOTES	B. JEWELRY/METALS	C. CLOTHING/FURS	D. OFFICE EQUIPMENT	E. TV/RADIO ETC.	F. FIREARMS	G. HOUSEHOLD GOODS	H. CONSUMABLE GOODS	I. LIVESTOCK	J. MISC.
STOLEN \$	STOLEN \$	STOLEN \$	STOLEN \$	STOLEN \$	STOLEN \$	STOLEN \$	STOLEN \$	STOLEN \$	STOLEN \$
RECOVERED \$	RECOVERED \$	RECOVERED \$	RECOVERED \$	RECOVERED \$	RECOVERED \$	RECOVERED \$	RECOVERED \$	RECOVERED \$	RECOVERED \$

5. ITEM #	6. QUANTITY	7. ARTICLE	8. BRAND	9. MODEL	10. VALUE
11. INV CODE	12. CATEGORY	13. SERIAL NO.	14. WEAPON TYPE		15. WEAP CAT.
17. COLOR		18. ADDITIONAL DESCRIPTION			

ITEM #	QUANTITY	ARTICLE	BRAND	MODEL	VALUE
INV CODE	CATEGORY	SERIAL NO.	WEAPON TYPE		WEAP CAT.
COLOR		ADDITIONAL DESCRIPTION			

ITEM #	QUANTITY	ARTICLE	BRAND	MODEL	VALUE
INV CODE	CATEGORY	SERIAL NO.	WEAPON TYPE		WEAP CAT.
COLOR		ADDITIONAL DESCRIPTION			

ITEM #	QUANTITY	ARTICLE	BRAND	MODEL	VALUE
INV CODE	CATEGORY	SERIAL NO.	WEAPON TYPE		WEAP CAT.
COLOR		ADDITIONAL DESCRIPTION			

ITEM #	QUANTITY	ARTICLE	BRAND	MODEL	VALUE
INV CODE	CATEGORY	SERIAL NO.	WEAPON TYPE		WEAP CAT.
COLOR		ADDITIONAL DESCRIPTION			

19. REPORT PREPARED BY	20. BADGE	21. DIV	22. DATE	23. APPROVED BY	24. BADGE
25. ASSISTED BY	26. BADGE	27. DIV	28. TIME	29. DATE	30. TIME

**SACRAMENTO POLICE DEPARTMENT
ADDITIONAL PERSONS/SUSPECT VEHICLE
SUPPLEMENT**

APPENDIX B

- CRIME REPORT SUPPLEMENT
- MOTOR VEHICLE SUPPLEMENT
- INCIDENT SUPPLEMENT
- CASUALTY SUPPLEMENT

1	REPORT NUMBER
3	CRIME CODE SECTION

SUSPECT ONLY <input type="checkbox"/> BOOKED: CHARGES: C <input type="checkbox"/> CITED: CITATION # D <input type="checkbox"/> WITNESS E <input type="checkbox"/> ADDL VICTIM <input type="checkbox"/> NOT INJURED <input type="checkbox"/> INJURED 5 CASUALTY DISPOSITION A <input type="checkbox"/> TAKEN TO HOSPITAL B <input type="checkbox"/> TAKEN HOME C <input type="checkbox"/> CORONER D <input type="checkbox"/> OTHER: TRANSPORTING UNIT:	6 NAME _____ 7 AKA / NICKNAME _____ 8 RESIDENCE ADDRESS _____ 9 RESIDENCE PHONE () _____ 10 BUSINESS / SCHOOL ADDRESS _____ 11 BUSINESS PHONE () _____ 12 AGE 13 D.O.B. 14 SEX 15 RACE 16 OLN STATE 17 SOCIAL SECURITY NUMBER _____ 18 HEIGHT 19 WEIGHT 20 HAIR COLOR / STYLE / LENGTH 21 EYE COLOR 22 BUILD 23 COMPLEXION: LIGHT, DARK, MEDIUM, ACHE, RUDDY, PALE, FRECKLED 24 FACIAL HAIR: FULL, LONG, SHORT, THIN, BEARD, MUSTACHE, SIDEBURN, UNSHAVEN 25 HAT: BALLCAP, WATCH, FULL BRIM, SMALL BRIM, UNIFORM, CLOTH, HALLOWEEN, NYLON 26 MASK: CLOTH, HALLOWEEN, SKI, NYLON 27 GLASSES: CLEAR, TINTED, SUN 28 GLOVES: CLOTH, RUBBER, LEATHER, KNIT, SURGICAL 29 SHOES: COWBOY BOOTS, WORK BOOTS, TENNIS / SPORT, DRESS, HEEL, SANDAL 30 UPPER BODY CLOTHING / COLOR 31 LOWER BODY CLOTHING / COLOR 32 GEN APP: CONSER, DIRTY, CLEAN, FLASHY 33 Demeanor: HOSTILE, IMPATIENT, NERVOUS, APoloGETIC, PROFESSIONAL, FRIENDLY 34 TRADE MARKS: SPEECH, VOICE, SUSPECT ACTION 35 PROBABLE GANG NAME 36 WEAPON: TYPE _____ COLOR _____ CALIBER _____ 37 PAROLE, PROBATION, SEARCHABLE, ADULT, JUV. 38 TYPE: SCARS, MARKS, TATTOOS, PHY CHAN 39 SPECIFIC LOCATION: LEFT, RIGHT 40 DESCRIPTION: 41 COLOR 42 ADDITIONAL DESCRIPTION / CASUALTY INFORMATION:
---	--

4A <input type="checkbox"/> SUSPECT ONLY B <input type="checkbox"/> BOOKED: GES: C <input type="checkbox"/> CITED: CITATION # D <input type="checkbox"/> WITNESS E <input type="checkbox"/> ADDL VICTIM <input type="checkbox"/> NOT INJURED <input type="checkbox"/> INJURED 5 CASUALTY DISPOSITION A <input type="checkbox"/> TAKEN TO HOSPITAL B <input type="checkbox"/> TAKEN HOME C <input type="checkbox"/> CORONER D <input type="checkbox"/> OTHER: TRANSPORTING UNIT:	6 NAME _____ 7 AKA / NICKNAME _____ 8 RESIDENCE ADDRESS _____ 9 RESIDENCE PHONE () _____ 10 BUSINESS / SCHOOL ADDRESS _____ 11 BUSINESS PHONE () _____ 12 AGE 13 D.O.B. 14 SEX 15 RACE 16 OLN STATE 17 SOCIAL SECURITY NUMBER _____ 18 HEIGHT 19 WEIGHT 20 HAIR COLOR / STYLE / LENGTH 21 EYE COLOR 22 BUILD 23 COMPLEXION: LIGHT, DARK, MEDIUM, ACHE, RUDDY, PALE, FRECKLED 24 FACIAL HAIR: FULL, LONG, SHORT, THIN, BEARD, MUSTACHE, SIDEBURN, UNSHAVEN 25 HAT: BALLCAP, WATCH, FULL BRIM, SMALL BRIM, UNIFORM, CLOTH, HALLOWEEN, NYLON 26 MASK: CLOTH, HALLOWEEN, SKI, NYLON 27 GLASSES: CLEAR, TINTED, SUN 28 GLOVES: CLOTH, RUBBER, LEATHER, KNIT, SURGICAL 29 SHOES: COWBOY BOOTS, WORK BOOTS, TENNIS / SPORT, DRESS, HEEL, SANDAL 30 UPPER BODY CLOTHING / COLOR 31 LOWER BODY CLOTHING / COLOR 32 GEN APP: CONSER, DIRTY, CLEAN, FLASHY 33 Demeanor: HOSTILE, IMPATIENT, NERVOUS, APoloGETIC, PROFESSIONAL, FRIENDLY 34 TRADE MARKS: SPEECH, VOICE, SUSPECT ACTION 35 PROBABLE GANG NAME 36 WEAPON: TYPE _____ COLOR _____ CALIBER _____ 37 PAROLE, PROBATION, SEARCHABLE, ADULT, JUV. 38 TYPE: SCARS, MARKS, TATTOOS, PHY CHAN 39 SPECIFIC LOCATION: LEFT, RIGHT 40 DESCRIPTION: 41 COLOR 42 ADDITIONAL DESCRIPTION / CASUALTY INFORMATION:
---	--

43 VEHICLE TYPE	44 YEAR	45 MAKE	46 MODEL	47 BODY STYLE	48 VEHICLE COLOR(S)	49 USED BY:
50 LICENSE PLATE NUMBER		STATE	51 YEAR	52 LIC. PLATE COLORS		53 REGISTERED OWNER / ADDRESS:
54 DAMAGE: TOP, FRONT END, LEFT REAR, LEFT FRONT, RIGHT SIDE	55 FEATURES: C/PAIN, DESIGN, DECAL, MISS/PARTS	56 INTERIOR: BUCKET SEATS, STEREO TAPE, BENCH SEATS, CUSTOMIZED, SHIFTS/NO	57 EXTERIOR: PINSTRIPED, RUST/PRIMER, CAMPER SHELL, RACK	58 MODIFIED: LOWERED, RAISED, HYDRAULICS	59 WHEELS: MAGS, STOCK, OVERSIZED, UNDERSIZE	60 WINDOWS: BROKEN, MISSING, TINTED
61 LIGHTS OUT: LEFT FRONT, LEFT REAR, RIGHT FRONT, RIGHT REAR		62 CONDITION: POOR, FAIR, GOOD, EXCELLENT				

63 REPORTED BY	64 BADGE	65 DIV	66 ASSISTED BY	67 BADGE	68 DIV	69 APPROVED BY	70 BADGE
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1 REPORT NUMBER

- CRIME REPORT SUPPLEMENT
- MOTOR VEHICLE SUPPLEMENT
- COLLISION/TRAFFIC SUPPLEMENT
- INCIDENT REPORT SUPPLEMENT
- CASUALTY REPORT SUPPLEMENT
- MEMORANDUM

**SACRAMENTO POLICE DEPARTMENT
REPORT SUPPLEMENT**

VICTIM OR COMPLAINANT

2 LAST NAME, FIRST, MIDDLE (FIRM NAME IF CRIME AGAINST BUSINESS)	3 CRIME CODE SECTION
--	----------------------

	NARRATIVE	
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4 REPORTED BY	5 BADGE	6 DIV	7 YRS OF SERVICE	8 DATE	9 APPROVED BY		
10 ASSISTED BY	11 BADGE	12 DIV	13 YRS OF SERVICE	14 TIME	15 BADGE	16 DATE	17 TIME

SACRAMENTO POLICE DEPARTMENT
PROPERTY SUPPLEMENTAL REPORT

1. REPORT NUMBER

VICTIM NAME	3. CRIME CODE SECTION
-------------	-----------------------

Involvement Codes: S - Stolen R - Recovered L - Lost F - Found

4. FILL IN TOTALS FOR STOLEN/RECOVERED PROPERTY ONLY

A. CURRENCY/NOTES	B. JEWELRY/METALS	C. CLOTHING/FURS	D. OFFICE EQUIPMENT	E. TV/RADIO ETC.	F. FIREARMS	G. HOUSEHOLD GOODS	H. CONSUMABLE GOODS	I. LIVESTOCK	J. MISC.
STOLEN \$	STOLEN \$	STOLEN \$	STOLEN \$	STOLEN \$	STOLEN \$	STOLEN \$	STOLEN \$	STOLEN \$	STOLEN \$
RECOVERED \$	RECOVERED \$	RECOVERED \$	RECOVERED \$	RECOVERED \$	RECOVERED \$	RECOVERED \$	RECOVERED \$	RECOVERED \$	RECOVERED \$

5. ITEM	6. QUANTITY	7. ARTICLE	8. BRAND	9. MODEL	10. VALUE
11. INV CODE	12. CATEGORY	13. SERIAL NO.	14. WEAPON TYPE	15. WEAP CAT.	16. CALIBER
17. REL TO OWN	18. COLOR	19. ADDITIONAL DESCRIPTION			
<input type="checkbox"/>					

ITEM	QUANTITY	ARTICLE	BRAND	MODEL	VALUE
INV CODE	CATEGORY	SERIAL NO.	WEAPON TYPE	WEAP CAT.	CALIBER
REL TO OWN	COLOR	ADDITIONAL DESCRIPTION			
<input type="checkbox"/>					

ITEM	QUANTITY	ARTICLE	BRAND	MODEL	VALUE
INV CODE	CATEGORY	SERIAL NO.	WEAPON TYPE	WEAP CAT.	CALIBER
REL TO OWN	COLOR	ADDITIONAL DESCRIPTION			
<input type="checkbox"/>					

ITEM	QUANTITY	ARTICLE	BRAND	MODEL	VALUE
INV CODE	CATEGORY	SERIAL NO.	WEAPON TYPE	WEAP CAT.	CALIBER
REL TO OWN	COLOR	ADDITIONAL DESCRIPTION			
<input type="checkbox"/>					

ITEM	QUANTITY	ARTICLE	BRAND	MODEL	VALUE
INV CODE	CATEGORY	SERIAL NO.	WEAPON TYPE	WEAP CAT.	CALIBER
REL TO OWN	COLOR	ADDITIONAL DESCRIPTION			
<input type="checkbox"/>					

ITEM	QUANTITY	ARTICLE	BRAND	MODEL	VALUE
INV CODE	CATEGORY	SERIAL NO.	WEAPON TYPE	WEAP CAT.	CALIBER
REL TO OWN	COLOR	ADDITIONAL DESCRIPTION			
<input type="checkbox"/>					

FIELD EVIDENCE RELEASE

I, _____, hereby acknowledge the return to me by the Sacramento Police Department of the property indicated above.

I have been advised that should the property itself be required for evidence in the criminal proceedings in connection with which it was recovered, I should be able to produce it for that purpose.

I understand that should I not be able to produce the property if the same is required by the courts, there is a serious risk that the criminal case involved may have to be dismissed thereby resulting in a considerable expenditure of time and money and the release of the suspects who have been charged with criminal dealings with my property.

Signed: _____

20. REPORT PREPARED BY	21. BADGE	22. DIV	23. DATE	24. APPROVED BY	25. BADGE
26. ASSISTED BY	27. BADGE	28. DIV	29. TIME	30. DATE	31. TIME

FORM COMPLETION INSTRUCTIONS FOR VICTIMS

This form is provided for you to list missing articles, related to the incident you have reported to the Sacramento Police Department, which were not included in the initial police report.

- Block 1 - Indicate Sacramento Police Department report number.
- Block 2 - Fill in name of victim as reported.
- Block 3, 4 - LEAVE BLANK - for Department Use Only.
- Block 5 - Item #: Number each item consecutively.
- Block 6 - Quantity: For each item listed include (when applicable) the number of articles missing.
- Block 7 - Article: Give the name of the article. Where appropriate describe the article as Men's, Women's, Boy's, Girl's, Child's, or Infant's.
- Block 8 - Brand: Brand or manufacturer's name.
- Block 9 - Model: Model name or number.
- Block 10 - Value: List the estimated dollar value of the item. If the value is not known, write UNK in this block.
- Block 11, 12 - LEAVE BLANK - For Department Use Only.
- Block 13 - Serial No.: Manufacturer's serial number.
- Block 14 - Weapon Type: This pertains to firearms. See FIREARM TYPE list below and fill in appropriate type.
- Block 15 - Weapon Cat.: This pertains to firearms. See FIREARM CATEGORY list below and fill in appropriate category.
- Block 16 - Caliber: Caliber of firearm.
- Block 17 - LEAVE BLANK - For Department Use Only.
- Block 18 - Color: Color or colors of article.
- Block 19 - Additional Description: List further descriptive information of article, list any inscriptions, engravings, condition or any marks of identification.

FIREARM TYPE

Cannon
 Disguised gun
 Electric shock gun
 Machine gun
 Pistol
 Rifle
 Rifle-shotgun combination
 Rocket
 Shotgun
 Shotgun pistol
 Submachine gun
 Machine pistol

FIREARM CATEGORY

Automatic action
 Blank
 Bolt action
 Carbine
 Derringer
 Double barrel (side by side)
 Flare
 Flintlock
 Gas or air
 Jet propelled
 Launcher
 Lever action
 More than 2 barrels (list number)

Category, continued

Over and under
 Percussion (Caplock)
 Pump action
 Revolver
 Semi-automatic
 Single shot
 Tear gas

After completing the list of missing property, enter your name and the other information requested below. Mail (or deliver) the completed form to the Sacramento Police Department, Public Counter, 813 6th Street, Sacramento, CA 95814.

NAME			
LAST NAME, FIRST, MIDDLE		RESIDENCE PHONE	BUSINESS PHONE
RESIDENCE ADDRESS			
NUMBER	STREET	CITY	STATE
		ZIP CODE	

SIGNATURE

DATE

SACRAMENTO POLICE DEPARTMENT VEHICLE RECOVERY/STORAGE/INVENTORY REPORT

- ALL SUSPECTS ARRESTED
- SUSPECTS OUTSTANDING
- WITNESSES
- PARTY SUPPLEMENT
- BE BOOKED
- FNTS
- IONS

- 1 RECOVERY OF SPD STOLEN
- 2 SPD STOLEN/RECOVERED BY OUTSIDE AGENCY
- 3 SPD RECOVERY FOR OUTSIDE AGENCY
- 4 VEHICLE STORAGE/TOW
- 5 RECOVERED PLATES ONLY
- 6 RECOVERED PARTS ONLY
- 7 VEHICLE INVENTORY ONLY

1 VEHICLE UPDATE <input type="checkbox"/> COMPLETE <input type="checkbox"/> NOT APPLICABLE	2 REPORT NUMBER _____
3 VEHICLE DISPOSITION <input type="checkbox"/> DO NOT RELEASE APPROVED BY _____ <input type="checkbox"/> IMPOUNDED <input type="checkbox"/> ASSET SEIZURE	<input type="checkbox"/> 10751 CVC <input type="checkbox"/> HOLD FOR FEES <input type="checkbox"/> TRAFFIC ACCIDENT <input type="checkbox"/> ABANDONED <input type="checkbox"/> HAZARD <input type="checkbox"/> INVENTORIED/SECURED AT SCENE <input type="checkbox"/> RELEASED TO REG. OWNER

4 CRIME CODE SECTION	SOURCE	5 CRIME DEFINITION	6 CRIME CLASS CODE
----------------------	--------	--------------------	--------------------

7 CSI NOTIFIED <input type="checkbox"/> YES <input type="checkbox"/> NO	8 RECOVERY DATE	9 RECOVERY TIME	10 STOLEN DATE/TIME	11 FCN #
12 LOCATION OF RECOVERY / TOW / INVENTORY			13 AUTHORITY FOR TOW (CVC SECTION)	
72 HOUR NOTICE LEFT? <input type="checkbox"/> NO <input type="checkbox"/> YES DATE: _____				

DRIVER	14 NAME <input type="checkbox"/> SAME AS SUSPECT <input type="checkbox"/> NONE	15 AGE	16 D.O.B.	17 SEX	18 RACE	19 D.L. #
	20 RESIDENCE ADDRESS CITY / STATE / ZIP				21 RESIDENCE PHONE ()	
	22 BUSINESS ADDRESS CITY / STATE / ZIP				23 BUSINESS PHONE ()	

REG/OWN	24 NAME <input type="checkbox"/> SAME AS DRIVER	25 AGE	26 D.O.B.	27 SEX	28 RACE	29 D.L. #
	30 RESIDENCE ADDRESS CITY / STATE / ZIP				31 RESIDENCE PHONE ()	
	32 BUSINESS ADDRESS CITY / STATE / ZIP				33 BUSINESS PHONE ()	

LEG/OWN	34 NAME <input type="checkbox"/> SAME AS REG. OWNER	35 AGE	36 D.O.B.	37 SEX	38 RACE	39 D.L. #
	40 RESIDENCE ADDRESS CITY / STATE / ZIP				41 RESIDENCE PHONE ()	
	42 BUSINESS ADDRESS CITY / STATE / ZIP				43 BUSINESS PHONE ()	

44 LICENSE NUMBER	45 STATE	46 MONTH/YEAR REG	47 NO PLATES (FRONT / REAR?)	48 SEE CODES ON REVERSE SIDE <input type="checkbox"/> VEH <input type="checkbox"/> LIC <input type="checkbox"/> CUSTODY
OUTSIDE AGENCY NAME		50 AGENCY NOTIFIED <input type="checkbox"/> YES <input type="checkbox"/> NO		51 OUTSIDE AGENCY REPORT #
52 DATE REPORTED STOLEN				

VEHICLE	53 VEH TYPE	54 YEAR	55 MAKE	56 MODEL	57 BODY STYLE	58 VEHICLE COLOR(S)
	A <input type="checkbox"/> AUTO	59 LICENSE NUMBER (reg num for vessel)		60 STATE	61 MONTH/YEAR REG	62 VIN (FRAME # FOR MC) (HULL # FOR VESSEL)
	B <input type="checkbox"/> TRUCK	63 CONDITION <input type="checkbox"/> GOOD		64 STEERING COLUMN TAMPERED? YES / NO		65 VIN ALTERED? YES / NO
	C <input type="checkbox"/> MOTORCYCLE	<input type="checkbox"/> POOR <input type="checkbox"/> FAIR <input type="checkbox"/> EXLT.		66 TYPE OF PROPULSION/MOTOR		66 VIN REMOVED? YES / NO
	D <input type="checkbox"/> MOTORHOME	EXPLAIN.		67 HULL MATERIAL		EXPLAIN:
E <input type="checkbox"/> VAN	VESSEL ONLY		68 VESSEL TYPE		69 VESSEL LENGTH	
F <input type="checkbox"/> OTHER:						
H <input type="checkbox"/> VESSEL						

COMPLETE BOXES 70 THROUGH 73 ONLY IF VEHICLE WAS RECOVERED FOR AN OUTSIDE AGENCY OR BY AN OUTSIDE AGENCY			
70 OUTSIDE AGENCY NAME	71 AGENCY NOTIFIED <input type="checkbox"/> YES <input type="checkbox"/> NO	72 OUTSIDE AGENCY REPORT #	73 DATE REPORTED STOLEN

74 SEE CODES ON REVERSE SIDE	VEHICLE CONDITION	LIC/VIN	PARTS/PLATES FRONT / REAR? (CIRCLE ONE)	75 TOW DRIVER'S SIGNATURE
				TOW CO. I.D. #
76 TIME TOWED	77 DATE TOWED	78 ODOMETER READ	79 NAME OF TOW COMPANY	

80	YES NO UNK	YES NO UNK	YES NO UNK	YES NO UNK	YES NO UNK	YES NO UNK	81 VALUE AT TIME OF TOW: <input type="checkbox"/> A LESS THAN \$100 <input type="checkbox"/> B \$100 - \$300 <input type="checkbox"/> C \$300 - \$1000 <input type="checkbox"/> D OVER \$1000 / IF OVER \$1000, GIVE ESTIMATE: \$
ENGINE	<input type="checkbox"/>	CB RADIO	<input type="checkbox"/>	AIR CONDITIONER	<input type="checkbox"/>	HUB CAPS	<input type="checkbox"/>
TRANSMISSION	<input type="checkbox"/>	RADIO	<input type="checkbox"/>	LEFT FRONT TIRE	<input type="checkbox"/>	MAGS	<input type="checkbox"/>
BATTERY	<input type="checkbox"/>	TAPEDECK	<input type="checkbox"/>	LEFT REAR TIRE	<input type="checkbox"/>	WHEELS	<input type="checkbox"/>
WINDSHIELD	<input type="checkbox"/>	CLOCK	<input type="checkbox"/>	RIGHT FRONT TIRE	<input type="checkbox"/>	FRONT SEATS	<input type="checkbox"/>
REAR VIEW MIRROR	<input type="checkbox"/>	KEYS	<input type="checkbox"/>	RIGHT REAR TIRE	<input type="checkbox"/>	REAR SEATS	<input type="checkbox"/>
SIDEVIEW MIRROR(S)	<input type="checkbox"/>	REGISTRATION	<input type="checkbox"/>	SPARE TIRE	<input type="checkbox"/>	CAMPER SHELL	<input type="checkbox"/>

ITEM NUMBER	ARTICLE	ITEM NUMBER	ARTICLE

82	TYPE	83 CONNECT-UP #	TYPE	84 CONNECT-UP #	TYPE	85 DUMPSITE/SERIES? (CIRCLE ONE)
86 REPORT PREPARED BY	87 BADGE	88 DIV	89 YRS SRV	90 APPROVED BY		91 BADGE

92 ASSISTED BY	93 BADGE	94 DIV	95 YRS SRV	96 DATE	97 TIME
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VEHICLE RECOVERY CODES

VEHICLE CONDITIONS:

- UNDAMAGED VEHICLES: A - NOT WRECKED, STRIPPED, OR BURNED
B - STRIPPED OF MAJOR COMPONENTS
C - STRIPPED OF MINOR COMPONENTS
- BURNED VEHICLE: D - NOT STRIPPED
E - STRIPPED OF MAJOR COMPONENTS
F - STRIPPED OF MINOR COMPONENTS
- DAMAGED VEHICLE: G - NOT STRIPPED
H - TOTALLY STRIPPED
- VEHICLE PARTS/ U - PARTS ONLY
LICENSE PLATE THEFTS: I - LICENSE PLATES RECOVERED

LICENSE/VIN-PARTS/PLATES CONDITIONS:

- 0 - NO PLATES MISSING, VIN OK
1 - ONE PLATE MISSING, VIN OK
2 - TWO PLATES MISSING, VIN OK
3 - NO PLATES MISSING, VIN ALTERED OR MISSING
4 - 1 PLATE MISSING, VIN ALTERED OR MISSING
5 - 2 PLATES MISSING, VIN ALTERED OR MISSING
6 - 0 PLATES MISSING, VIN SWITCHED
7 - 1 PLATE MISSING, VIN SWITCHED
8 - 2 PLATES MISSING, VIN SWITCHED
U - PARTS RECOVERED (STOLEN PART THEFTS ONLY)
I - LICENSE PLATES RECOVERED (STOLEN PLATES ONLY)

CUSTODY:

- Y - SUBJECT IN CUSTODY
N - NO ONE IN CUSTODY

A STATUS CODE OF THREE (3) CHARACTERS IS MANDATORY FOR VEHICLE LOCATE TRANSACTIONS.

EXAMPLE OF STATUS CODES FOR RECOVERED VEHICLES:
CONDITION A LIC/VIN Q CUSTODY N

EXAMPLE OF STATUS FOR RECOVERED PARTS:
CONDITION U PARTS U CUSTODY N

EXAMPLE OF STATUS FOR RECOVERED PLATES:
CONDITION I LICENSE I CUSTODY Y

FOR A LIST OF TOW COMPANIES REFER TO REDI REF

FOR VIN LOCATION INFORMATION REFER TO REDI REF

RECOVERY OF STOLEN PLATES:

WHEN RECOVERING STOLEN VEHICLE PLATES, COMPLETE ONLY THE BOXES WHICH ARE NUMBERED WITH BLACK CIRCLES.

Redi Ref updates shall supersede these sections

10751 - POSSESS VEHICLE WITH ALTERED OR REMOVED VIN, PUBLIC VIN (DASH OR DOOR), IF APPLICABLE ***SEE REDI REF*** NOT VALID IF JUST FEDERAL STICKER REMOVED FROM DOOR.

22523a - ABANDONED VEHICLE ON HWY. ***SEE REDI REF***
b - ABANDONED VEHICLE ON PRIVATE PROPERTY

(Except when a vehicle is a hazard, do not tow a vehicle under these sections unless 72 hour notice has been given)

STORED MOTOR VEHICLES ***SEE REDI REF***

22651 (Circumstances Permitting Removal By Peace Officer)

- (a) Left Unattended on Bridge
- (b) Parked or Left Standing on Hwy., obstructs normal movement of traffic or creates a hazard (must articulate)
- (c) Stolen or Embezzled vehicle found on the highway
- (d) Illegally Parked Blocking Entrance to private driveway
- (e) Illegally parked blocking a fire hydrant
- (f) Freeway right-of-way
- (h) Driver or person in charge of vehicle arrested, and taken into custody [see Sec. 22653(c)]
- (i) Vehicle issued more than 5 parking violations
- (j) Illegally parked, no license plates
- (k) Parked or left standing on a highway for more than 72 hours
- (l) Parked in hwy. construction, repair cleaning area, when notice authorizing removal posted for 24 hours or more
- (m) Parked in special use portion of hwy.
- (n) Parked or left standing where parking is prohibited, must be posted
- (o) Found on hwy., public lands or off street parking, and registration expired for more than one year prior to date of vehicle being found
- (p) Driver issued Notice to Appear for 12500, 14601, 14601.1 or 14601.2. ***Driver must be cited or tow is not valid***
- (q) Parked over 24 hours on portion of hwy.
- (r) Illegally parked, blocking movement of legally parked vehicles

22651.5 Audible alarm device activated inside vehicle

IMPOUNDING VEHICLES ***SEE REDI REF***

22655.5 Vehicles are to be impounded only when they are believed to contain evidence which cannot readily be recovered by an officer at the scene. Vehicles will be impounded for the following reasons:

1. Evidence sought requires special techniques and equipment for collections.
2. The vehicle is suspected of being stolen, based on probable cause established by the officer (be careful in this area).
3. When the officer has reasonable cause to believe the vehicle contains contraband and a search warrant is necessary.
4. When Crime Scene Investigators (CSI) cannot process the vehicle within a reasonable period of time.
5. Fatal accidents and/or felony drunk driving where it appears to be reasonable cause to believe that vehicle mechanical failure is present.

REMOVAL OF ABANDONED VEHICLES ***SEE REDI REF***

22669(d) VEHICLES WHICH ARE PARKED, RESTING, OR OTHERWISE IMMOBILIZED ON ANY HWY. OR PUBLIC RIGHT-OF-WAY AND WHICH LACK AN ENGINE, TRANSMISSION, WHEELS, TIRES, DOORS, WINDSHIELD, OR ANY OTHER PART OR EQUIPMENT NECESSARY TO OPERATE SAFELY.

REMOVAL FROM PRIVATE PROPERTY

- 22653(a) Vehicle is reported stolen
(b) Vehicle involved in an accident and private property owner is not available to grant permission to remove vehicle.
(c) Driver of vehicle is arrested and private property owner requests removal

REMOVAL FOR INVESTIGATION OF EVADING

22655.3 If officer pursues a fleeing/evading person in a vehicle (22655.3 2800 2) and driver abandons vehicle leaving it unattended, vehicle may be towed if driver not arrested.

**SACRAMENTO POLICE DEPARTMENT
OFFICER'S BOOKING AND FIELD RECEIPT**

APPENDIX I

LOCKERS USED _____ CHARGE(S) _____ REPORT # _____
 NARCO/MONEY BOOKING CITATION # _____
 LARGE PROPERTY BOOKING SEARCH WARRANT # _____
 PREVIOUS BOOKING PR # _____

LOCATION OF OCCURRENCE						FIELD RECEIPT..... <input type="checkbox"/>		
VICTIM(S) FULL NAME		DOB	ADDRESS		ZIP	EVIDENCE.....		
LAST	FIRST		MIDDLE			<input type="checkbox"/>	SAFEKEEPING.....	<input type="checkbox"/>
						<input type="checkbox"/> <th>DOMESTIC VIOLENCE.....</th> <th><input type="checkbox"/></th>	DOMESTIC VIOLENCE.....	<input type="checkbox"/>
						<input type="checkbox"/> <th>5150 HOLD.....</th> <th><input type="checkbox"/></th>	5150 HOLD.....	<input type="checkbox"/>
						<input type="checkbox"/> <th>FOUND PROPERTY.....</th> <th><input type="checkbox"/></th>	FOUND PROPERTY.....	<input type="checkbox"/>
						<input type="checkbox"/> <th>PERSONAL PROPERTY.....</th> <th><input type="checkbox"/></th>	PERSONAL PROPERTY.....	<input type="checkbox"/>

DEFENDANT(S) FULL NAME						BOOKED	SUSPECT	CITED
LAST	FIRST	MIDDLE	DOB	ADDRESS		ZIP		

REPORTING OFFICER	BADGE #	DIV	RECEIVED DATE	TIME	IN LOCKER DATE	TIME

DESCRIBE PROPERTY BELOW IN THE FOLLOWING SEQUENCE: ITEM TYPE NO-PIECES - COLOR - BRAND - MOD - SER - OAN - DESCRIPTION - CALIBER - MONEY AMOUNT - BLADE/BARREL/OVERALL LENGTH	IN FIREARM CASES, IF READILY AVAILABLE IDENTIFY ALL OWNERS & ADULT COHABITANTS. RECORD FULL NAMES, DOB, SS #, CADL #, ADDRESS OF PERSON FROM WHOM RECEIVED INDICATE IF COHABITANT OWNER, ETC			CRIME LAB	PRINT
	NAME	ADDRESS	DOB SS # OLN	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
ITEM # 1	<input type="checkbox"/> OWNER <input type="checkbox"/> TKN FROM <input type="checkbox"/> CO HAB			Property use only	
ITEM #	<input type="checkbox"/> OWNER <input type="checkbox"/> TKN FROM <input type="checkbox"/> CO HAB			Property use only	
ITEM #	<input type="checkbox"/> OWNER <input type="checkbox"/> TKN FROM <input type="checkbox"/> CO HAB			Property use only	
ITEM #	<input type="checkbox"/> OWNER <input type="checkbox"/> TKN FROM <input type="checkbox"/> CO HAB			Property use only	
ITEM #	<input type="checkbox"/> OWNER <input type="checkbox"/> TKN FROM <input type="checkbox"/> CO HAB			Property use only	
ITEM #	<input type="checkbox"/> OWNER <input type="checkbox"/> TKN FROM <input type="checkbox"/> CO HAB			Property use only	
ITEM #	<input type="checkbox"/> OWNER <input type="checkbox"/> TKN FROM <input type="checkbox"/> CO HAB			Property use only	
ITEM #	<input type="checkbox"/> OWNER <input type="checkbox"/> TKN FROM <input type="checkbox"/> CO HAB			Property use only	

OFFICER _____ SIGNATURE AND BADGE NUMBER _____ CITIZEN _____ DATE _____
 IF FIELD RECEIPT, HAVE CITIZEN SIGN _____

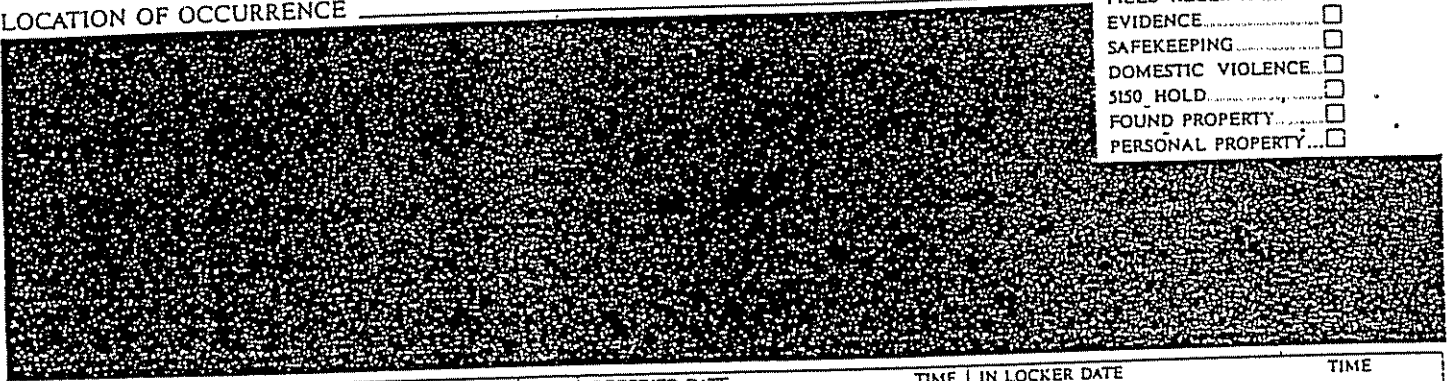
1 WHITE PROPERTY 2 WHITE REPORT 3 PINK INVESTIGATIONS 4 GOLDENROD FIELD RECEIPT

SPD 779 (7-90) PAGE 1 OF _____

SACRAMENTO POLICE DEPARTMENT OFFICER'S BOOKING AND FIELD RECEIPT

LOCKERS USED _____ CHARGE(S) _____ REPORT # _____
 NARCO/MONEY BOOKING CITATION # _____
 LARGE PROPERTY BOOKING SEARCH WARRANT # _____
 PREVIOUS BOOKING PR # _____

LOCATION OF OCCURRENCE _____



- FIELD RECEIPT.....
- EVIDENCE.....
- SAFEKEEPING.....
- DOMESTIC VIOLENCE.....
- 5150_HOLD.....
- FOUND PROPERTY.....
- PERSONAL PROPERTY.....

REPORTING OFFICER	BADGE #	DIV	RECEIVED DATE	TIME	IN LOCKER DATE	TIME	
DESCRIBE PROPERTY BELOW IN THE FOLLOWING SEQUENCE: ITEM TYPE NO-PIECES - COLOR - BRAND - MOD - SER - OAN - DESCRIPTION - CALIBER - MONEY AMOUNT - BLADE/BARREL/OVERALL LENGTH				IN FIREARM CASES, IF READILY AVAILABLE IDENTIFY ALL OWNERS & ADULT COHABITANTS. RECORD FULL NAMES, DOB, SS #, CADL #. ADDRESS OF PERSON FROM WHOM RECEIVED INDICATE IF COHABITANT, OWNER, ETC.		CRIME LAB	PRINT
ITEM # 1	NAME	ADDRESS	DOB	SS #	OEN	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
	<input type="checkbox"/> OWNER <input type="checkbox"/> TKN FROM <input type="checkbox"/> CO-HAB					Property use only	
ITEM #	NAME	ADDRESS	DOB	SS #	OEN	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
	<input type="checkbox"/> OWNER <input type="checkbox"/> TKN FROM <input type="checkbox"/> CO-HAB					Property use only	
ITEM #	NAME	ADDRESS	DOB	SS #	OEN	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
	<input type="checkbox"/> OWNER <input type="checkbox"/> TKN FROM <input type="checkbox"/> CO-HAB					Property use only	
ITEM #	NAME	ADDRESS	DOB	SS #	OEN	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
	<input type="checkbox"/> OWNER <input type="checkbox"/> TKN FROM <input type="checkbox"/> CO-HAB					Property use only	
ITEM #	NAME	ADDRESS	DOB	SS #	OEN	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
	<input type="checkbox"/> OWNER <input type="checkbox"/> TKN FROM <input type="checkbox"/> CO-HAB					Property use only	
ITEM #	NAME	ADDRESS	DOB	SS #	OEN	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
	<input type="checkbox"/> OWNER <input type="checkbox"/> TKN FROM <input type="checkbox"/> CO-HAB					Property use only	
ITEM #	NAME	ADDRESS	DOB	SS #	OEN	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
	<input type="checkbox"/> OWNER <input type="checkbox"/> TKN FROM <input type="checkbox"/> CO-HAB					Property use only	

OFFICER _____ SIGNATURE AND BADGE NUMBER _____ CITIZEN _____ DATE _____
 IF FIELD RECEIPT, HAVE CITIZEN SIGN

1 WHITE — PROPERTY 2 WHITE — REPORT 3 PINK — INVESTIGATIONS 4 GOLDENROD — FIELD RECEIPT

**SACRAMENTO POLICE DEPARTMENT
OFFICER'S BOOKING AND FIELD RECEIPT**

APPENDIX J

SUPPLEMENTAL PAGE

LOCKERS USED _____ CHARGE(S) _____ REPORT # _____
 NARCO/MONEY BOOKING CITATION # _____
 LARGE PROPERTY BOOKING SEARCH WARRANT # _____
 PREVIOUS BOOKING PR # _____

LOCATION OF OCCURRENCE _____
 VICTIM: _____ DEFENDANT: _____

REPORTING OFFICER	BADGE #	DIV	RECEIVED DATE	TIME	IN LOCKER DATE	TIME			
DESCRIBE PROPERTY BELOW IN THE FOLLOWING SEQUENCE: ITEM TYPE NO-PIECES - COLOR - BRAND - MOD - SER - QAN - DESCRIPTION - CALIBER - MONEY AMOUNT - BLADE/BARREL/OVERALL LENGTH			IN FIREARM CASES, IF READILY AVAILABLE IDENTIFY ALL OWNERS & ADULT COHABITANTS. RECORD FULL NAMES, DOB, SS #, CADL #, ADDRESS OF PERSON FROM WHOM RECEIVED. INDICATE IF COHABITANT, OWNER, ETC.			CRIME LAB	PRINT		
ITEM #			NAME	ADDRESS	DOB	SS #	GEN	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
			<input type="checkbox"/> OWNER <input type="checkbox"/> TKN FROM <input type="checkbox"/> CO HAB						Property use only
ITEM #			NAME	ADDRESS	DOB	SS #	GEN	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
			<input type="checkbox"/> OWNER <input type="checkbox"/> TKN FROM <input type="checkbox"/> CO HAB						Property use only
ITEM #			NAME	ADDRESS	DOB	SS #	GEN	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
			<input type="checkbox"/> OWNER <input type="checkbox"/> TKN FROM <input type="checkbox"/> CO HAB						Property use only
ITEM #			NAME	ADDRESS	DOB	SS #	GEN	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
			<input type="checkbox"/> OWNER <input type="checkbox"/> TKN FROM <input type="checkbox"/> CO HAB						Property use only
ITEM #			NAME	ADDRESS	DOB	SS #	GEN	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
			<input type="checkbox"/> OWNER <input type="checkbox"/> TKN FROM <input type="checkbox"/> CO HAB						Property use only
ITEM #			NAME	ADDRESS	DOB	SS #	GEN	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
			<input type="checkbox"/> OWNER <input type="checkbox"/> TKN FROM <input type="checkbox"/> CO HAB						Property use only
ITEM #			NAME	ADDRESS	DOB	SS #	GEN	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
			<input type="checkbox"/> OWNER <input type="checkbox"/> TKN FROM <input type="checkbox"/> CO HAB						Property use only
ITEM #			NAME	ADDRESS	DOB	SS #	GEN	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
			<input type="checkbox"/> OWNER <input type="checkbox"/> TKN FROM <input type="checkbox"/> CO HAB						Property use only
ITEM #			NAME	ADDRESS	DOB	SS #	GEN	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
			<input type="checkbox"/> OWNER <input type="checkbox"/> TKN FROM <input type="checkbox"/> CO HAB						Property use only

OFFICER _____ SIGNATURE AND BADGE NUMBER _____ CITIZEN _____ DATE _____
 IF FIELD RECEIPT, HAVE CITIZEN SIGN

1 WHITE - PROPERTY

2 WHITE - REPORT

3 PINK - INVESTIGATIONS

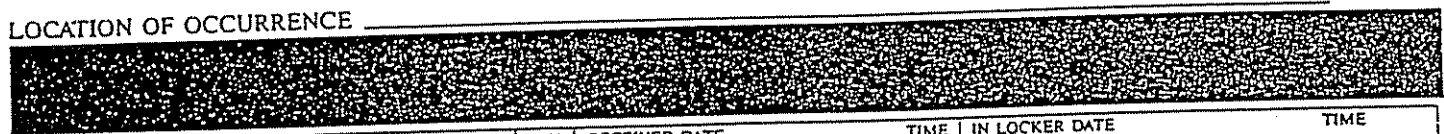
4 GOLDENROD - FIELD RECEIPT

**SACRAMENTO POLICE DEPARTMENT
OFFICER'S BOOKING AND FIELD RECEIPT**

SUPPLEMENTAL PAGE

LOCKERS USED _____ CHARGE(S) _____ REPORT # _____
 NARCO/MONEY BOOKING CITATION # _____
 LARGE PROPERTY BOOKING SEARCH WARRANT # _____
 PREVIOUS BOOKING PR # _____

LOCATION OF OCCURRENCE _____



REPORTING OFFICER	BADGE #	DIV	RECEIVED DATE	TIME	IN LOCKER DATE	TIME
DESCRIBE PROPERTY BELOW IN THE FOLLOWING SEQUENCE: ITEM TYPE NO-PIECES - COLOR - BRAND - MOD - SER - QAN - DESCRIPTION - CALIBER - MONEY AMOUNT - BLADE/BARREL/OVERALL LENGTH			IN FIREARM CASES, IF READILY AVAILABLE IDENTIFY ALL OWNERS & ADULT COHABITANTS RECORD FULL NAMES, DOB, SS #, CADL #, ADDRESS OF PERSON FROM WHOM RECEIVED INDICATE IF COHABITANT, OWNER, ETC		CRIME LAB	PRINT
ITEM #			NAME	ADDRESS	DOB SS # GEN	YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>
			<input type="checkbox"/> OWNER <input type="checkbox"/> TKN FROM <input type="checkbox"/> CO-HAB			Property use only
ITEM #			NAME	ADDRESS	DOB SS # GEN	YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>
			<input type="checkbox"/> OWNER <input type="checkbox"/> TKN FROM <input type="checkbox"/> CO-HAB			Property use only
ITEM #			NAME	ADDRESS	DOB SS # GEN	YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>
			<input type="checkbox"/> OWNER <input type="checkbox"/> TKN FROM <input type="checkbox"/> CO-HAB			Property use only
ITEM #			NAME	ADDRESS	DOB SS # GEN	YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>
			<input type="checkbox"/> OWNER <input type="checkbox"/> TKN FROM <input type="checkbox"/> CO-HAB			Property use only
ITEM #			NAME	ADDRESS	DOB SS # GEN	YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>
			<input type="checkbox"/> OWNER <input type="checkbox"/> TKN FROM <input type="checkbox"/> CO-HAB			Property use only
ITEM #			NAME	ADDRESS	DOB SS # GEN	YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>
			<input type="checkbox"/> OWNER <input type="checkbox"/> TKN FROM <input type="checkbox"/> CO-HAB			Property use only
ITEM #			NAME	ADDRESS	DOB SS # GEN	YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>
			<input type="checkbox"/> OWNER <input type="checkbox"/> TKN FROM <input type="checkbox"/> CO-HAB			Property use only
ITEM #			NAME	ADDRESS	DOB SS # GEN	YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>
			<input type="checkbox"/> OWNER <input type="checkbox"/> TKN FROM <input type="checkbox"/> CO-HAB			Property use only
ITEM #			NAME	ADDRESS	DOB SS # GEN	YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>
			<input type="checkbox"/> OWNER <input type="checkbox"/> TKN FROM <input type="checkbox"/> CO-HAB			Property use only
ITEM #			NAME	ADDRESS	DOB SS # GEN	YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>
			<input type="checkbox"/> OWNER <input type="checkbox"/> TKN FROM <input type="checkbox"/> CO-HAB			Property use only

OFFICER _____ SIGNATURE AND BADGE NUMBER _____ CITIZEN _____ DATE _____
 IF FIELD RECEIPT, HAVE CITIZEN SIGN

1 WHITE - PROPERTY 2 WHITE - REPORT 3 PINK - INVESTIGATIONS 4 GOLDENROD - FIELD RECEIPT

SACRAMENTO POLICE DEPARTMENT
MISSING PERSON REPORT

- INCLUDED IN REPORT:
 WITNESS STATEMENTS
 OBSERVATIONS
 EVIDENCE MOTOR VEH. REPORT

1	REPORT NUMBER
7	CLASSIFICATION MISPERS

2	REPORTED	3	TIME REPORTED	4	DATE LAST SEEN	5	TIME LAST SEEN	6	DAY				
7													
8									9	FCN			
10										11	NICKNAME		
12										12	VEHICLE ENTERED SVS VEH. LIC. #:		
13										13	RESIDENCE PHONE ()		
14										14	RESIDENCE PHONE ()		
15										15	BUSINESS PHONE ()		
16										16	BUSINESS PHONE ()		
17			17	18	19	20	21	22	23				
NAME OF EMPLOYER/SCHOOL NAME			AGE	DATE OF BIRTH	SEX	RACE	HEIGHT	WEIGHT					
24		25	26			27		28					
O.I.N.		STATE	SOCIAL SECURITY NUMBER			HAIR COLOR/STYLE/LENGTH		EYE COLOR					
29		30		31		32		33		34			
BUILD		COMPLEXION		FACIAL HAIR		HAT		GLASSES		SHOES			
<input type="checkbox"/> AVERAGE <input type="checkbox"/> LARGE <input type="checkbox"/> SLENDER <input type="checkbox"/> FAT/OBESSE <input type="checkbox"/> MUSCULAR <input type="checkbox"/> SMALL		<input type="checkbox"/> LIGHT <input type="checkbox"/> RUDDY <input type="checkbox"/> DARK <input type="checkbox"/> PALE <input type="checkbox"/> MEDIUM <input type="checkbox"/> FRECKLED <input type="checkbox"/> ACNE		<input type="checkbox"/> FULL <input type="checkbox"/> BEARD <input type="checkbox"/> LONG <input type="checkbox"/> MUSTACHE <input type="checkbox"/> SHORT <input type="checkbox"/> SIDEBURNS <input type="checkbox"/> THIN <input type="checkbox"/> UNSHAVEN COLOR:		<input type="checkbox"/> BALL CAP <input type="checkbox"/> WATCH <input type="checkbox"/> COWBOY <input type="checkbox"/> OTHER:		<input type="checkbox"/> CLEAR <input type="checkbox"/> TINTED <input type="checkbox"/> SUN COLOR:		<input type="checkbox"/> COWBOY BOOTS <input type="checkbox"/> DRESS <input type="checkbox"/> WORK BOOTS <input type="checkbox"/> HEEL <input type="checkbox"/> TENNIS/SPORT <input type="checkbox"/> SANDAL COLOR:		<input type="checkbox"/> GEN APP <input type="checkbox"/> CONSERVATIVE <input type="checkbox"/> DIRTY <input type="checkbox"/> CLEAN <input type="checkbox"/> FLASHY	
35						36							
UPPER BODY CLOTHING/COLOR						LOWER BODY CLOTHING/COLOR							
37			38			39			40		41		42
SOURCES CHECKED (SEE REVERSE) <input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> PROBATION <input type="checkbox"/> PAROLE P.O. NAME: PHONE #:			TYPE <input type="checkbox"/> SCARS <input type="checkbox"/> TATTOOS <input type="checkbox"/> MARKS <input type="checkbox"/> PHY CHAR			SPECIFIC LOCATION <input type="checkbox"/> LEFT: <input type="checkbox"/> RIGHT:		DESCRIPTION		COLOR

43 PERSON TO BE NOTIFIED IF LOCATED (ENTER IN PERS RECORD)												
43			43			43			43		43	
RELATED INVOLVEMENT			NAME			RESIDENCE PHONE OR MESSAGE NUMBER			BUSINESS PHONE			
DATE OF BIRTH			SEX			RACE			ADDRESS (STREET/CITY/ZIP)			

44 REPORTING PERSON IF OTHER THAN PERSON TO BE NOTIFIED												
44			44			44			44		44	
RELATED INVOLVEMENT			NAME			RESIDENCE PHONE OR MESSAGE NUMBER			BUSINESS PHONE			
DATE OF BIRTH			SEX			RACE			ADDRESS (STREET/CITY/ZIP)			

COMPLETE SPD SUPPLEMENTS (SPD 104/SPD 105) IF OTHER WITNESSES ARE INVOLVED.

46		47		48		49		50			
PERSONAL RESTRICT		BLOOD TYPE		WAIST SIZE		CHEST SIZE		SHOE SIZE			
<input type="checkbox"/> FOSTER HOME <input type="checkbox"/> GROUP HOME <input type="checkbox"/> WARD OF THE COURT <input type="checkbox"/> DEPENDANT OF THE COURT <input type="checkbox"/> BOARD AND CARE NAME OF SOCIAL WORKER OR GUARDIAN IF NOT GIVEN ABOVE:		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO			
51					52						
JEWELRY					REASON FOR ABSENCE						
DESCRIPTION:					MODE OF TRANSPORTATION						
56											
PROBABLE DESTINATION											
58											
REMARKS (ON-LINE ENTRY)											
60			60			61			61		
CONNECT-UP #			CONNECT-UP #			CONNECT-UP #			CONNECT-UP #		
TYPE			TYPE			TYPE			TYPE		
63			64			65			66		
BADGE			DIV			YRS SERV			APPROVED BY		
68			69			70			71		
ASSISTED BY			BADGE			DIV			YRS SERV		
72			73			74			75		
DATE			TIME			PAGE			OF		

ARREST REPORT

SACRAMENTO COUNTY JAIL

CU ODY ARRESTING AGENCY
 SSD CHP SPD
 CLEAR OTHER:

1 1ST CHARGE		SOURCE		17 TYPE CHARGE <input type="checkbox"/> FEL <input type="checkbox"/> MISD		3 <input type="checkbox"/> JUVENILE <input type="checkbox"/> ADULT		4 ADDITIONAL BOOKING SUBJECT IN CUSTODY <input type="checkbox"/> BODILESS BOOKING		5 ARRESTING AGENCY FIP NO.																																	
ME DEFINITION		WARRANT NO.		18 CLASS CODE		6 CIT NUMBER		7 FBI NUMBER		8 REGISTRY NUMBER		9 BAIL		10 COURT																													
2 WARRANT BOOKING		WARRANT NO.		19 TYPE CHARGE <input type="checkbox"/> FEL <input type="checkbox"/> MISD		25 LOCATION OF CRIME		26 SPD CRIME REPORT NO.		27 VICTIM/COMPLAINANT'S NAME		28 DATE/TIME OF CRIME		29 VICTIM/COMPLAINANT'S ADDRESS-STREET		30 SEX 31 RACE 32 AGE																											
ARRESTING AGENCY-BENCH		ORIGINAL CITATION CHARGES		20 CLASS CODE		CITY		STATE		33 HOME PHONE		34 LOCATION OF ARREST (INCLUDE CROSS STREETS)		35 LOCATION CODE		36 DATE ARRESTED 37 TIME 38 DAY																											
ARRESTING AGENCY-40506 VC:		ORIGINAL CITATION CHARGES		21 TYPE CHARGE <input type="checkbox"/> FEL <input type="checkbox"/> MISD		ARRESTED BY <input type="checkbox"/> OFFICER <input type="checkbox"/> PRIVATE PERSON		40 DATE BOOKED		41 TIME		42 DATE		43 ACCOMPLICES		44 ALIAS (LAST, FIRST, MIDDLE)																											
ARRESTING AGENCY-PARKING		ORIGINAL CITATION CHARGES		22 TYPE CHARGE <input type="checkbox"/> FEL <input type="checkbox"/> MISD		45 ARRESTEE/SUSPECT NAME (LAST, FIRST, MIDDLE)		46 NICKNAME		47 ALIAS (LAST, FIRST, MIDDLE)		48 ARRESTEE/SUSPECT ADDRESS (NUMBER-STREET)		49 CITY		50 STATE		51 ZIP CODE		52 HOME PHONE																							
ARRESTING AGENCY-ALL OTHER		ORIGINAL CITATION CHARGES		23 WARRANT CHECK RUN: <input type="checkbox"/> SSD <input type="checkbox"/> SPD <input type="checkbox"/> CLETS		24 IS ARRESTEE PAROLEE? <input type="checkbox"/> NO <input type="checkbox"/> YES: <input type="checkbox"/> CAA <input type="checkbox"/> CYA		53 SEX 54 RACE 55 AGE 56 DATE OF BIRTH		57 PLACE OF BIRTH		58 HEIGHT 59 WEIGHT 60 HAIR 61 EYES		62 MARKS, SCARS, ETC		63 DRIVER'S LICENSE NO.		64 STATE		65 SOCIAL SECURITY NO.		66 OCCUPATION-NAME OF EMPLOYER		67 BUSINESS PHONE																			
OUTSIDE AGENCY WARRANT:		NAME OF AGENCY ENROUTE (NO WARRANT)		24 IS ARRESTEE PAROLEE? <input type="checkbox"/> NO <input type="checkbox"/> YES: <input type="checkbox"/> CAA <input type="checkbox"/> CYA		68 ARREST RESULTING FROM TRAFFIC ACCIDENT <input type="checkbox"/> YES <input type="checkbox"/> NO		69 ARRESTEE SOBRIETY <input type="checkbox"/> SOBER <input type="checkbox"/> DRUNK <input type="checkbox"/> DRINKING <input type="checkbox"/> NARCOTIC <input type="checkbox"/> UNDER INFLUENCE		70 SOBRIETY TEST <input type="checkbox"/> NO <input type="checkbox"/> REFUSED		71 SOBRIETY TEST GIVEN <input type="checkbox"/> BLOOD <input type="checkbox"/> URINE <input type="checkbox"/> BREATH		72 NAME OF PARENT/GUARDIAN		73 ADDRESS		74 PHONE		75 NOTIFIED? <input type="checkbox"/> YES <input type="checkbox"/> NO		76 HOW NOTIFIED?		77 BY WHOM?		78 SIGNATURE OF DEPUTY PROBATION OFFICER ACCEPTING CUSTODY X																	
OTHER BOOKING		NAME OF AGENCY ENROUTE (NO WARRANT)		79 ARRESTEE SOBRIETY <input type="checkbox"/> SOBER <input type="checkbox"/> DRUNK <input type="checkbox"/> DRINKING <input type="checkbox"/> NARCOTIC <input type="checkbox"/> UNDER INFLUENCE		80 SOBRIETY TEST <input type="checkbox"/> NO <input type="checkbox"/> REFUSED		81 SOBRIETY TEST GIVEN <input type="checkbox"/> BLOOD <input type="checkbox"/> URINE <input type="checkbox"/> BREATH		82 NAME OF PARENT/GUARDIAN		83 ADDRESS		84 PHONE		85 NOTIFIED? <input type="checkbox"/> YES <input type="checkbox"/> NO		86 HOW NOTIFIED?		87 BY WHOM?		88 SIGNATURE OF DEPUTY PROBATION OFFICER ACCEPTING CUSTODY X																					
ARRESTING AGENCY A.B.		NAME OF AGENCY ENROUTE (NO WARRANT)		89 ARRESTEE SOBRIETY <input type="checkbox"/> SOBER <input type="checkbox"/> DRUNK <input type="checkbox"/> DRINKING <input type="checkbox"/> NARCOTIC <input type="checkbox"/> UNDER INFLUENCE		90 SOBRIETY TEST <input type="checkbox"/> NO <input type="checkbox"/> REFUSED		91 SOBRIETY TEST GIVEN <input type="checkbox"/> BLOOD <input type="checkbox"/> URINE <input type="checkbox"/> BREATH		92 NAME OF PARENT/GUARDIAN		93 ADDRESS		94 PHONE		95 NOTIFIED? <input type="checkbox"/> YES <input type="checkbox"/> NO		96 HOW NOTIFIED?		97 BY WHOM?		98 SIGNATURE OF DEPUTY PROBATION OFFICER ACCEPTING CUSTODY X																					
FEDERAL ARREST		NAME OF AGENCY ENROUTE (NO WARRANT)		99 ARRESTEE SOBRIETY <input type="checkbox"/> SOBER <input type="checkbox"/> DRUNK <input type="checkbox"/> DRINKING <input type="checkbox"/> NARCOTIC <input type="checkbox"/> UNDER INFLUENCE		100 SOBRIETY TEST <input type="checkbox"/> NO <input type="checkbox"/> REFUSED		101 SOBRIETY TEST GIVEN <input type="checkbox"/> BLOOD <input type="checkbox"/> URINE <input type="checkbox"/> BREATH		102 NAME OF PARENT/GUARDIAN		103 ADDRESS		104 PHONE		105 NOTIFIED? <input type="checkbox"/> YES <input type="checkbox"/> NO		106 HOW NOTIFIED?		107 BY WHOM?		108 SIGNATURE OF DEPUTY PROBATION OFFICER ACCEPTING CUSTODY X																					
23 WARRANT CHECK RUN: <input type="checkbox"/> SSD <input type="checkbox"/> SPD <input type="checkbox"/> CLETS		24 IS ARRESTEE PAROLEE? <input type="checkbox"/> NO <input type="checkbox"/> YES: <input type="checkbox"/> CAA <input type="checkbox"/> CYA		71 NAME OF PARENT/GUARDIAN		72 ADDRESS		73 PHONE		74 NOTIFIED? <input type="checkbox"/> YES <input type="checkbox"/> NO		75 HOW NOTIFIED?		76 BY WHOM?		77 SIGNATURE OF DEPUTY PROBATION OFFICER ACCEPTING CUSTODY X		78 ADULT		79 JUVENILE		80 LICENSE NO.		81 STATE		82 MAKE		83 YEAR															
44 ARRESTEE/SUSPECT NAME (LAST, FIRST, MIDDLE)		45 NICKNAME		46 ALIAS (LAST, FIRST, MIDDLE)		47 ARRESTEE/SUSPECT ADDRESS (NUMBER-STREET)		48 CITY		49 STATE		50 ZIP CODE		51 HOME PHONE		52 SEX 53 RACE 54 AGE 55 DATE OF BIRTH		56 PLACE OF BIRTH		57 HEIGHT 58 WEIGHT 59 HAIR 60 EYES		61 MARKS, SCARS, ETC		62 DRIVER'S LICENSE NO.		63 STATE		64 SOCIAL SECURITY NO.		65 OCCUPATION-NAME OF EMPLOYER		66 BUSINESS PHONE											
68 ARREST RESULTING FROM TRAFFIC ACCIDENT <input type="checkbox"/> YES <input type="checkbox"/> NO		69 ARRESTEE SOBRIETY <input type="checkbox"/> SOBER <input type="checkbox"/> DRUNK <input type="checkbox"/> DRINKING <input type="checkbox"/> NARCOTIC <input type="checkbox"/> UNDER INFLUENCE		70 SOBRIETY TEST <input type="checkbox"/> NO <input type="checkbox"/> REFUSED		71 SOBRIETY TEST GIVEN <input type="checkbox"/> BLOOD <input type="checkbox"/> URINE <input type="checkbox"/> BREATH		72 NAME OF PARENT/GUARDIAN		73 ADDRESS		74 PHONE		75 NOTIFIED? <input type="checkbox"/> YES <input type="checkbox"/> NO		76 HOW NOTIFIED?		77 BY WHOM?		78 ADULT		79 JUVENILE		80 LICENSE NO.		81 STATE		82 MAKE		83 YEAR													
89 ARRESTEE SOBRIETY <input type="checkbox"/> SOBER <input type="checkbox"/> DRUNK <input type="checkbox"/> DRINKING <input type="checkbox"/> NARCOTIC <input type="checkbox"/> UNDER INFLUENCE		90 SOBRIETY TEST <input type="checkbox"/> NO <input type="checkbox"/> REFUSED		91 SOBRIETY TEST GIVEN <input type="checkbox"/> BLOOD <input type="checkbox"/> URINE <input type="checkbox"/> BREATH		92 NAME OF PARENT/GUARDIAN		93 ADDRESS		94 PHONE		95 NOTIFIED? <input type="checkbox"/> YES <input type="checkbox"/> NO		96 HOW NOTIFIED?		97 BY WHOM?		98 SIGNATURE OF DEPUTY PROBATION OFFICER ACCEPTING CUSTODY X		99 ADULT		100 JUVENILE		101 LICENSE NO.		102 STATE		103 MAKE		104 YEAR													
108 SIGNATURE OF DEPUTY PROBATION OFFICER ACCEPTING CUSTODY X		109 ADULT		110 JUVENILE		111 LICENSE NO.		112 STATE		113 MAKE		114 YEAR		115 MODEL		116 BODY STYLE		117 COLOR		118 VEHICLE DISPOSITION <input type="checkbox"/> STORED <input type="checkbox"/> IMPOUNDED		119 LOCATION		120 MISDEMEANOR ARRESTS: INDICATE REASON FOR NON RELEASE BY CITATION PURSUANT TO 853.6 (J) P.C.		121 INTOXICATION DANGER TO SELF OR OTHERS		122 MEDICAL AID-UNABLE TO CARE FOR OWN SAFETY		123 ARREST FOR ONE OR MORE CRIMES UNDER 40502 VC		124 OUTSTANDING WARRANT(S)		125 UNSATISFACTORY IDENTIFICATION		126 RELEASE WOULD JEOPARDIZE PROSECUTION		127 LIKELIHOOD CRIME WILL CONTINUE OR SAFETY OF PERSONS OR PROPERTY WOULD BE ENDANGERED		128 DEMANDS TO SEE MAGISTRATE OR REFUSES TO SIGN CITATION		129 OTHER REASON(S)	
121 INTOXICATION DANGER TO SELF OR OTHERS		122 MEDICAL AID-UNABLE TO CARE FOR OWN SAFETY		123 ARREST FOR ONE OR MORE CRIMES UNDER 40502 VC		124 OUTSTANDING WARRANT(S)		125 UNSATISFACTORY IDENTIFICATION		126 RELEASE WOULD JEOPARDIZE PROSECUTION		127 LIKELIHOOD CRIME WILL CONTINUE OR SAFETY OF PERSONS OR PROPERTY WOULD BE ENDANGERED		128 DEMANDS TO SEE MAGISTRATE OR REFUSES TO SIGN CITATION		129 OTHER REASON(S)		130 SYNOPSIS OF CORPUS DELICTI FOR ADULT ARREST (FULL DETAILS REQUIRED FOR ADULT WITH NO CRIME REPORT OR JUVENILE CUSTODY) ALSO INCLUDE ALL ADDITIONAL CHARGES FOR WARRANT SERVED OR HELD IN ABEYANCE LIST NUMBER COURT CHARGE. DATE ISSUED. JUDGE AND AMOUNT OF BAIL.		131 REPORTING OFFICER		132 BADGE		133 DIV		134 ASSISTING OFFICER		135 BADGE		136 DIV													
131 REPORTING OFFICER		132 BADGE		133 DIV		134 ASSISTING OFFICER		135 BADGE		136 DIV		137 7401 FORM 015-(9/88)		138 SSD ADULT 1 RECORDS 2 0 A DETAIL/OTHER AGENCY		139 JUVENILE 1 RECORDS 2 YOUTH DIV 3 PROBATION		140 SPD ADULT 1-COUNTY JAIL 2-PUBLIC COUNTER 3-OFFICER COPY		141 JUVENILE 1-IDENTIFICATION 2-JUVENILE HALL 3-OFFICER COPY		142 PAGE _____ OF _____																					

ARREST REPORT

ARREST REPORT

- TYPE OF REPORT
 RECLASSIFICATION
 UNFOUNDED
 CLEAR-UP
 MISSING PERSON LOCATED

SACRAMENTO POLICE DEPARTMENT
 RECLASS/UNFOUNDED/CLEAR UP

1	REPORT NUMBER

2 VICTIM NAME	3 CRIME CLASSIFICATION
---------------	------------------------

4 RECLASSIFICATION	FROM	CRIME CLASS CODE	CRIME CODE SECTION	SOURCE	DATE REPORTED
	TO	CRIME CLASS CODE	CRIME CODE SECTION	SOURCE	

5 UNFOUNDED	CRIME CLASS CODE	CRIME CODE SECTION	SOURCE	DATE REPORTED
-------------	------------------	--------------------	--------	---------------

6 CLEAR UP	CLEARED BY ARREST	CLEARED BY CITATION	NO ARREST	DATE REPORTED
	<input type="checkbox"/> ADULT BOOKED <input type="checkbox"/> JUVENILE BOOKED	<input type="checkbox"/> ADULT CITED <input type="checkbox"/> JUVENILE CITED	<input type="checkbox"/> VICTIM REFUSED TO COOPERATE (OFFENDER WAS NOT IDENTIFIED)	

PERSON ARRESTED OR RESPONSIBLE

CLEARED, OTHER: NO ARREST - OFFENDER IDENTITY WAS DEFINITELY ESTABLISHED.

<input type="checkbox"/> VICTIM REFUSED TO PROSECUTE <input type="checkbox"/> PROSECUTED BY ANOTHER AGENCY <input type="checkbox"/> DA REFUSED TO PROSECUTE OR FILE <input type="checkbox"/> OFFENDER CHARGED IN A DIFFERENT SPD CASE AND WILL NOT BE CHARGED IN THIS CASE <input type="checkbox"/> JUVENILE OFFENDER COUNSELED AND FIELD RELEASED <input type="checkbox"/> RESTITUTION MADE <input type="checkbox"/> JUSTIFIABLE HOMICIDE	<input type="checkbox"/> CLEARED BY EXCEPTIONAL MEANS NOT ALREADY LISTED - ALL OF THE FOLLOWING QUESTIONS MUST BE ANSWERED "YES" A HAS THE INVESTIGATION DEFINITELY ESTABLISHED THE IDENTITY OF THE OFFENDER? B IS THERE ENOUGH INFORMATION TO SUPPORT AN ARREST, CHARGE, AND TURNING OVER TO THE COURT FOR PROSECUTION? C DO YOU KNOW THE EXACT LOCATION OF THE OFFENDER SO THAT YOU COULD TAKE HIM INTO CUSTODY NOW? D IS THERE SOME REASON OUTSIDE THE POLICE CONTROL THAT STOPS YOU FROM ARRESTING, CHARGING AND PROSECUTING THE OFFENDER?
--	--

7 OFFENDER INFORMATION							ARREST REPORT OR CITATION #	SPD NUMBER	CHARGES
PERSON ARRESTED/RESPONSIBLE (LAST, FIRST, MIDDLE)	AGE	DOB	SEX	RACE	NAT'L				

8 ADDITIONAL CRIME REPORTS CLEARED IN SAME MANNER				
1	5	9	13	17
2	6	10	14	18
3	7	11	15	19
4	8	12	16	20

9 MISSING PERSON LOCATED	DATE REPORTED	DATE FOUND	TIME FOUND	ON LINE FILE UPDATED
	REPORTED BY (NAME/RELATIONSHIP/AGENCY)			
	WHERE PERSON LOCATED			

10 REMARKS/OR ADDITIONAL ARRESTEES

11 REPORT PREPARED BY	12 BADGE	13 DIV	14 APPROVED BY	15 BADGE
16 ASSISTING OFFICER	17 BADGE	18 DIV	19 DATE	20 TIME

PAGE _____ OF _____

MEDICAL/CHILD RELEASE AUTHORIZATION(S)

REPORT NUMBER

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

TO WHOM IT MAY CONCERN:

I, the undersigned, authorize any sworn representative of the Sacramento Police Department or the Sacramento County District Attorney's Office to obtain any of the medical records of _____ (_____)
PATIENT'S NAME DATE OF BIRTH

they deem necessary to assist in the investigation of an incident which occurred on _____ 19_____.
 I hereby relieve you, your organization, or others from any and all civil and/or criminal liability which might result from the disclosure of the information requested. A photocopy of this authorization shall be as valid as the original.

Patient's signature or Parent/Guardian's signature if patient is under 18 years of age. DATE

Relationship to patient if authorization is by someone other than patient.

Witness Signature DATE

Please send the above records to the attention of _____.

2. CHILD RELEASE AUTHORIZATION

I, _____, authorize _____ to release my child(ren) to
NAME OF PARENT OR GUARDIAN OFFICER'S NAME BADGE #
 _____ who is _____ I release the Sacramento Police Department from any
FULL NAME RELATIONSHIP (Uncle, Neighbor, etc.)
 further responsibility for the welfare and safety of my child(ren).

CHILD(REN) BEING RELEASED

NAME	D.O.B.	AGE	SEX	ADDRESS	PHONE #

Signature of Parent or Guardian _____ Date _____

CUSTODY ACCEPTANCE

I, _____, accept custody of and responsibility for the safety and welfare of the above-named
PRINT NAME OF PERSON ACCEPTING CUSTODY
 child(ren). I will retain custody of the child(ren) until their parent(s) or legal guardian, or a court order relieves me of my responsibility.

SIGNATURE ADDRESS DATE PHONE #

OFFICER'S SIGNATURE DATE

**SACRAMENTO POLICE DEPARTMENT
OFFICER'S BOOKING AND FIELD RECEIPT**

APPENDIX I

LOCKERS USED _____ CHARGE(S) _____ REPORT # _____
 NARCO/MONEY BOOKING CITATION # _____
 LARGE PROPERTY BOOKING SEARCH WARRANT # _____
 PREVIOUS BOOKING PR # _____

LOCATION OF OCCURRENCE _____

VICTIM(S) FULL NAME						FIELD RECEIPT..... <input type="checkbox"/>		
LAST	FIRST	MIDDLE	DOB	ADDRESS	ZIP	EVIDENCE..... <input type="checkbox"/>		
						SAFEKEEPING..... <input type="checkbox"/>		
						DOMESTIC VIOLENCE..... <input type="checkbox"/>		
						SISO HOLD..... <input type="checkbox"/>		
						FOUND PROPERTY..... <input type="checkbox"/>		
						PERSONAL PROPERTY..... <input type="checkbox"/>		
DEFENDANT(S) FULL NAME						BOOKED	SUSPECT	CITED
LAST	FIRST	MIDDLE	DOB	ADDRESS	ZIP			
REPORTING OFFICER	BADGE #	DIV	RECEIVED DATE	TIME	IN LOCKER DATE	TIME		

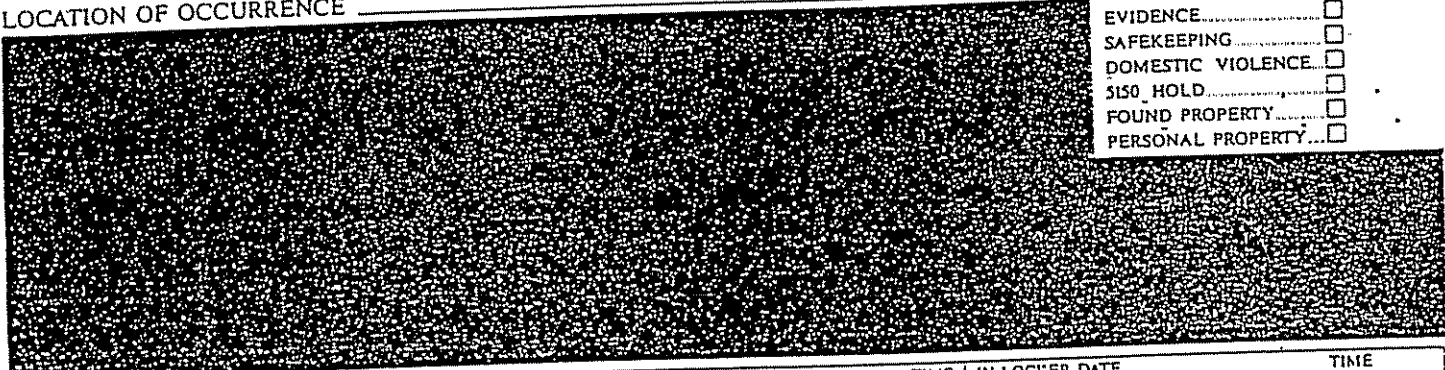
DESCRIBE PROPERTY BELOW IN THE FOLLOWING SEQUENCE: ITEM TYPE NO-PIECES - COLOR - BRAND - MOD - SER - QAN - DESCRIPTION - CALIBER - MONEY AMOUNT - BLADE/BARREL/OVERALL LENGTH	IN FIREARM CASES, IF READILY AVAILABLE IDENTIFY ALL OWNERS & ADULT COHABITANTS. RECORD FULL NAMES, DOB, SS #, CADL #, ADDRESS OF PERSON FROM WHOM RECEIVED INDICATE IF COHABITANT OWNER, ETC			CRIME LAB	PRINT
	ITEM #	NAME	ADDRESS	DOB SS # GEN	YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>
	<input type="checkbox"/> OWNER <input type="checkbox"/> TKN FROM <input type="checkbox"/> CO HAB				Property use only
ITEM #	NAME	ADDRESS	DOB SS # GEN	YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>	
	<input type="checkbox"/> OWNER <input type="checkbox"/> TKN FROM <input type="checkbox"/> CO HAB				Property use only
ITEM #	NAME	ADDRESS	DOB SS # GEN	YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>	
	<input type="checkbox"/> OWNER <input type="checkbox"/> TKN FROM <input type="checkbox"/> CO HAB				Property use only
ITEM #	NAME	ADDRESS	DOB SS # GEN	YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>	
	<input type="checkbox"/> OWNER <input type="checkbox"/> TKN FROM <input type="checkbox"/> CO HAB				Property use only
ITEM #	NAME	ADDRESS	DOB SS # GEN	YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>	
	<input type="checkbox"/> OWNER <input type="checkbox"/> TKN FROM <input type="checkbox"/> CO HAB				Property use only
ITEM #	NAME	ADDRESS	DOB SS # GEN	YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>	
	<input type="checkbox"/> OWNER <input type="checkbox"/> TKN FROM <input type="checkbox"/> CO HAB				Property use only

OFFICER _____ SIGNATURE AND BADGE NUMBER _____ CITIZEN _____ DATE _____
 IF FIELD RECEIPT HAVE CITIZEN SIGN

SACRAMENTO POLICE DEPARTMENT OFFICER'S BOOKING AND FIELD RECEIPT

LOCKERS USED _____ CHARGE(S) _____ REPORT # _____
 NARCO/MONEY BOOKING CITATION # _____
 LARGE PROPERTY BOOKING SEARCH WARRANT # _____
 PREVIOUS BOOKING PR # _____

LOCATION OF OCCURRENCE _____



- FIELD RECEIPT.....
- EVIDENCE.....
- SAFEKEEPING.....
- DOMESTIC VIOLENCE.....
- \$150 HOLD.....
- FOUND PROPERTY.....
- PERSONAL PROPERTY.....

REPORTING OFFICER	BADGE #	DIV	RECEIVED DATE	TIME	IN LOCKER DATE	TIME
DESCRIBE PROPERTY BELOW IN THE FOLLOWING SEQUENCE: ITEM TYPE NO-PIECES - COLOR - BRAND - MOD - SER - QAN - DESCRIPTION - CALIBER - MONEY AMOUNT - BLADE/BARREL/OVERALL LENGTH			IN FIREARM CASES, IF READILY AVAILABLE IDENTIFY ALL OWNERS & ADULT COHABITANTS. RECORD FULL NAMES, DOB, SS #, CADL #, ADDRESS OF PERSON FROM WHOM RECEIVED INDICATE IF COHABITANT, OWNER, ETC		CRIME LAB	PRINT
ITEM # 1			NAME	ADDRESS	DOB SS # FILN	YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>
			<input type="checkbox"/> OWNER <input type="checkbox"/> TKN FROM <input type="checkbox"/> CO-HAB			Property use only
ITEM #			NAME	ADDRESS	DOB SS # FILN	YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>
			<input type="checkbox"/> OWNER <input type="checkbox"/> TKN FROM <input type="checkbox"/> CO-HAB			Property use only
ITEM #			NAME	ADDRESS	DOB SS # FILN	YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>
			<input type="checkbox"/> OWNER <input type="checkbox"/> TKN FROM <input type="checkbox"/> CO-HAB			Property use only
ITEM #			NAME	ADDRESS	DOB SS # FILN	YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>
			<input type="checkbox"/> OWNER <input type="checkbox"/> TKN FROM <input type="checkbox"/> CO-HAB			Property use only
ITEM #			NAME	ADDRESS	DOB SS # FILN	YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>
			<input type="checkbox"/> OWNER <input type="checkbox"/> TKN FROM <input type="checkbox"/> CO-HAB			Property use only
ITEM #			NAME	ADDRESS	DOB SS # FILN	YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>
			<input type="checkbox"/> OWNER <input type="checkbox"/> TKN FROM <input type="checkbox"/> CO-HAB			Property use only
ITEM #			NAME	ADDRESS	DOB SS # FILN	YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>
			<input type="checkbox"/> OWNER <input type="checkbox"/> TKN FROM <input type="checkbox"/> CO-HAB			Property use only

OFFICER _____ SIGNATURE AND BADGE NUMBER _____ CITIZEN _____ DATE _____
 IF FIELD RECEIPT, HAVE CITIZEN SIGN

1 WHITE — PROPERTY 2 WHITE — REPORT 1 PINK — INVESTIGATIONS 4 GOLDENROD — FIELD RECEIPT

**SACRAMENTO POLICE DEPARTMENT
OFFICER'S BOOKING AND FIELD RECEIPT**

APPENDIX J

SUPPLEMENTAL PAGE

LOCKERS USED _____ CHARGE(S) _____ REPORT # _____
 NARCO/MONEY BOOKING _____ CITATION # _____
 LARGE PROPERTY BOOKING _____ SEARCH WARRANT # _____
 PREVIOUS BOOKING PR # _____

LOCATION OF OCCURRENCE _____
 VICTIM: _____ DEFENDANT: _____

REPORTING OFFICER	BADGE #	DIV	RECEIVED DATE	TIME	IN LOCKER DATE	TIME	
DESCRIBE PROPERTY BELOW IN THE FOLLOWING SEQUENCE: ITEM TYPE NO-PIECES - COLOR - BRAND - MOD - SER - QAN - DESCRIPTION - CALIBER - MONEY AMOUNT - BLADE/BARREL/OVERALL LENGTH			IN FIREARM CASES, IF READILY AVAILABLE IDENTIFY ALL OWNERS & ADULT COHABITANTS, RECORD FULL NAMES, DOB, SS #, CADL #, ADDRESS OF PERSON FROM WHOM RECEIVED. INDICATE IF COHABITANT OWNER, ETC			CRIME LAB	PRINT
ITEM #			NAME	ADDRESS	DOB SS # GEN	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
			<input type="checkbox"/> OWNER <input type="checkbox"/> TKN FROM <input type="checkbox"/> CO HAB			Property use only	
ITEM #			NAME	ADDRESS	DOB SS # GEN	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
			<input type="checkbox"/> OWNER <input type="checkbox"/> TKN FROM <input type="checkbox"/> CO HAB			Property use only	
ITEM #			NAME	ADDRESS	DOB SS # GEN	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
			<input type="checkbox"/> OWNER <input type="checkbox"/> TKN FROM <input type="checkbox"/> CO HAB			Property use only	
ITEM #			NAME	ADDRESS	DOB SS # GEN	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
			<input type="checkbox"/> OWNER <input type="checkbox"/> TKN FROM <input type="checkbox"/> CO HAB			Property use only	
ITEM #			NAME	ADDRESS	DOB SS # GEN	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
			<input type="checkbox"/> OWNER <input type="checkbox"/> TKN FROM <input type="checkbox"/> CO HAB			Property use only	
ITEM #			NAME	ADDRESS	DOB SS # GEN	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
			<input type="checkbox"/> OWNER <input type="checkbox"/> TKN FROM <input type="checkbox"/> CO HAB			Property use only	
ITEM #			NAME	ADDRESS	DOB SS # GEN	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
			<input type="checkbox"/> OWNER <input type="checkbox"/> TKN FROM <input type="checkbox"/> CO HAB			Property use only	
ITEM #			NAME	ADDRESS	DOB SS # GEN	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
			<input type="checkbox"/> OWNER <input type="checkbox"/> TKN FROM <input type="checkbox"/> CO HAB			Property use only	
ITEM #			NAME	ADDRESS	DOB SS # GEN	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
			<input type="checkbox"/> OWNER <input type="checkbox"/> TKN FROM <input type="checkbox"/> CO HAB			Property use only	

OFFICER _____ SIGNATURE AND BADGE NUMBER _____ CITIZEN _____ DATE _____
 IF FIELD RECEIPT, HAVE CITIZEN SIGN

**SACRAMENTO POLICE DEPARTMENT
OFFICER'S BOOKING AND FIELD RECEIPT**

SUPPLEMENTAL PAGE

LOCKERS USED _____ CHARGE(S) _____ REPORT # _____
 NARCO/MONEY BOOKING CITATION # _____
 LARGE PROPERTY BOOKING SEARCH WARRANT # _____
 PREVIOUS BOOKING PR # _____

LOCATION OF OCCURRENCE _____

REPORTING OFFICER	BADGE #	DIV	RECEIVED DATE	TIME	IN LOCKER DATE	TIME			
DESCRIBE PROPERTY BELOW IN THE FOLLOWING SEQUENCE: ITEM TYPE NO-PIECES - COLOR - BRAND - MOD - SER - QAN - DESCRIPTION - CALIBER - MONEY AMOUNT - BLADE/BARREL/OVERALL LENGTH					IN FIREARM CASES, IF READILY AVAILABLE IDENTIFY ALL OWNERS & ADULT COHABITANTS RECORD FULL NAMES DOB, SS #, CADL #, ADDRESS OF PERSON FROM WHOM RECEIVED INDICATE IF COHABITANT, OWNER, ETC		CRIME LAB	PRINT	
ITEM #					NAME	ADDRESS	DOB SS # GEN	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
					<input type="checkbox"/> OWNER <input type="checkbox"/> TKN FROM <input type="checkbox"/> CO-HAB			Property use only	
ITEM #					NAME	ADDRESS	DOB SS # GEN	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
					<input type="checkbox"/> OWNER <input type="checkbox"/> TKN FROM <input type="checkbox"/> CO-HAB			Property use only	
ITEM #					NAME	ADDRESS	DOB SS # GEN	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
					<input type="checkbox"/> OWNER <input type="checkbox"/> TKN FROM <input type="checkbox"/> CO-HAB			Property use only	
ITEM #					NAME	ADDRESS	DOB SS # GEN	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
					<input type="checkbox"/> OWNER <input type="checkbox"/> TKN FROM <input type="checkbox"/> CO-HAB			Property use only	
ITEM #					NAME	ADDRESS	DOB SS # GEN	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
					<input type="checkbox"/> OWNER <input type="checkbox"/> TKN FROM <input type="checkbox"/> CO-HAB			Property use only	
ITEM #					NAME	ADDRESS	DOB SS # GEN	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
					<input type="checkbox"/> OWNER <input type="checkbox"/> TKN FROM <input type="checkbox"/> CO-HAB			Property use only	
ITEM #					NAME	ADDRESS	DOB SS # GEN	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
					<input type="checkbox"/> OWNER <input type="checkbox"/> TKN FROM <input type="checkbox"/> CO-HAB			Property use only	
ITEM #					NAME	ADDRESS	DOB SS # GEN	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
					<input type="checkbox"/> OWNER <input type="checkbox"/> TKN FROM <input type="checkbox"/> CO-HAB			Property use only	
ITEM #					NAME	ADDRESS	DOB SS # GEN	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
					<input type="checkbox"/> OWNER <input type="checkbox"/> TKN FROM <input type="checkbox"/> CO-HAB			Property use only	

OFFICER _____ SIGNATURE AND BADGE NUMBER _____ CITIZEN _____ DATE _____
 IF FIELD RECEIPT, HAVE CITIZEN SIGN

1 WHITE - PROPERTY 2 WHITE - REPORT 3 PINK - INVESTIGATIONS 4 GOLD DENROD - FIELD RECEIPT

SPD 780 (7/90) PAGE _____ OF _____

SACRAMENTO POLICE DEPARTMENT
MISSING PERSON REPORT

INCLUDED IN REPORT:
 WITNESS STATEMENTS
 OBSERVATIONS
 EVIDENCE MOTOR VEHL REPORT

1	REPORT NUMBER
7	CLASSIFICATION MISPERS

2	REPORTED	3	TIME REPORTED	4	DATE LAST SEEN	5	TIME LAST SEEN	6	DAY
---	----------	---	---------------	---	----------------	---	----------------	---	-----

8	LOCATION LAST SEEN	9	FCN
---	--------------------	---	-----

10	NAME	11	NICKNAME:	12	VEHICLE ENTERED SVS <input type="checkbox"/> YES VEH. LIC. #: <input type="checkbox"/> NO
----	------	----	-----------	----	--

13	RESIDENCE ADDRESS	CITY/STATE/ZIP	14	RESIDENCE PHONE ()
----	-------------------	----------------	----	------------------------

15	BUSINESS ADDRESS	CITY/STATE/ZIP	16	BUSINESS PHONE ()
----	------------------	----------------	----	-----------------------

17	NAME OF EMPLOYER/SCHOOL NAME	18	AGE	19	DATE OF BIRTH	20	SEX	21	RACE	22	HEIGHT	23	WEIGHT
----	------------------------------	----	-----	----	---------------	----	-----	----	------	----	--------	----	--------

24	O.L.N.	STATE	25	SOCIAL SECURITY NUMBER	26	HAIR COLOR/STYLE/LENGTH	27	EYE COLOR
----	--------	-------	----	------------------------	----	-------------------------	----	-----------

28	BUILD <input type="checkbox"/> AVERAGE <input type="checkbox"/> LARGE <input type="checkbox"/> SLENDER <input type="checkbox"/> FAT/OBESSE <input type="checkbox"/> MUSCULAR <input type="checkbox"/> SMALL	29	COMPLEXION <input type="checkbox"/> LIGHT <input type="checkbox"/> RUDDY <input type="checkbox"/> DARK <input type="checkbox"/> PALE <input type="checkbox"/> MEDIUM <input type="checkbox"/> FRECKLED <input type="checkbox"/> ACNE	30	FACIAL HAIR <input type="checkbox"/> FULL <input type="checkbox"/> BEARD <input type="checkbox"/> LONG <input type="checkbox"/> MUSTACHE <input type="checkbox"/> SHORT <input type="checkbox"/> SIDEBURNS <input type="checkbox"/> THIN <input type="checkbox"/> UNSHAVEN COLOR:	31	HAT <input type="checkbox"/> BALL CAP <input type="checkbox"/> WATCH <input type="checkbox"/> COWBOY <input type="checkbox"/> OTHER: COLOR:	32	GLASSES <input type="checkbox"/> CLEAR <input type="checkbox"/> TINTED <input type="checkbox"/> SUN COLOR:	33	SHOES <input type="checkbox"/> COWBOY BOOTS <input type="checkbox"/> DRESS <input type="checkbox"/> WORK BOOTS <input type="checkbox"/> HEEL <input type="checkbox"/> TENNIS/SPORT <input type="checkbox"/> SANDAL COLOR:	34	GEN APP <input type="checkbox"/> CONSERVATIVE <input type="checkbox"/> DIRTY <input type="checkbox"/> CLEAN <input type="checkbox"/> FLASHY
----	--	----	--	----	--	----	--	----	--	----	---	----	---

35	UPPER BODY CLOTHING/COLOR	36	LOWER BODY CLOTHING/COLOR
----	---------------------------	----	---------------------------

37	SOURCES CHECKED (SEE REVERSE) <input type="checkbox"/> YES <input type="checkbox"/> NO	38	<input type="checkbox"/> PROBATION <input type="checkbox"/> PAROLE P.O. NAME: PHONE #:	39	TYPE <input type="checkbox"/> SCARS <input type="checkbox"/> TATTOOS <input type="checkbox"/> MARKS <input type="checkbox"/> PHY CHAR	40	SPECIFIC LOCATION <input type="checkbox"/> LEFT: <input type="checkbox"/> RIGHT:	41	DESCRIPTION	42	COLOR
----	--	----	--	----	---	----	--	----	-------------	----	-------

43 PERSON TO BE NOTIFIED IF LOCATED (ENTER IN PERS RECORD)			
RELATED INVOLVEMENT	NAME	RESIDENCE PHONE OR MESSAGE NUMBER ()	BUSINESS PHONE ()
DATE OF BIRTH	SEX	RACE	ADDRESS (STREET/CITY/ZIP)

44 REPORTING PERSON IF OTHER THAN PERSON TO BE NOTIFIED			
RELATED INVOLVEMENT	NAME	RESIDENCE PHONE OR MESSAGE NUMBER ()	BUSINESS PHONE ()
DATE OF BIRTH	SEX	RACE	ADDRESS (STREET/CITY/ZIP)

COMPLETE SPD SUPPLEMENTS (SPD 104/SPD 105) IF OTHER WITNESSES ARE INVOLVED.

46	PERSONAL RESTRICT <input type="checkbox"/> FOSTER HOME <input type="checkbox"/> GROUP HOME <input type="checkbox"/> WARD OF THE COURT <input type="checkbox"/> DEPENDANT OF THE COURT <input type="checkbox"/> BOARD AND CARE NAME OF SOCIAL WORKER OR GUARDIAN IF NOT GIVEN ABOVE:	HABIT/HISTORY <input type="checkbox"/> ALCOHOLIC <input type="checkbox"/> RUNAWAY <input type="checkbox"/> DRUGS	KNOWN MENTAL CONDITION <input type="checkbox"/> YES <input type="checkbox"/> NO X _____	KNOWN HANDICAP <input type="checkbox"/> YES <input type="checkbox"/> NO X _____	47	BLOOD TYPE	48	WAIST SIZE	49	CHEST SIZE	50	SHOE SIZE
51					JEWELRY	<input type="checkbox"/> YES <input type="checkbox"/> NO DESCRIPTION:						

52	REASON FOR ABSENCE	53	BODY XRAYS <input type="checkbox"/> YES <input type="checkbox"/> NO	54	DENTAL XRAYS <input type="checkbox"/> YES <input type="checkbox"/> NO	55	DENTURES <input type="checkbox"/> YES <input type="checkbox"/> NO
----	--------------------	----	--	----	--	----	--

56	PROBABLE DESTINATION	57	MODE OF TRANSPORTATION
----	----------------------	----	------------------------

58 REMARKS (ON-LINE ENTRY)			
----------------------------	--	--	--

CONNECT-UP #	TYPE	60	CONNECT-UP #	TYPE	61	CONNECT-UP #	TYPE
--------------	------	----	--------------	------	----	--------------	------

REPORT PREPARED BY	63	BADGE	64	DIV	65	YRS SERV	66	APPROVED BY	67	BADGE			
68	ASSISTED BY	69	BADGE	70	DIV	71	YRS SERV	72	DATE	73	TIME	PAGE	OF

ARREST REPORT

SACRAMENTO COUNTY JAIL

CU ODY SSD CHP SPD
 CLEAR OTHER:

1 1ST CHARGE	SOURCE	17 TYPE CHARGE <input type="checkbox"/> FEL <input type="checkbox"/> MISD	3 <input type="checkbox"/> JUVENILE <input type="checkbox"/> ADULT	4 ADDITIONAL BOOKING SUBJECT IN CUSTODY <input type="checkbox"/> BODILESS BOOKING	5 ARRESTING AGENCY FIP NO.			
18 CRIME DEFINITION	19 CLASS CODE	6 CII NUMBER	7 FBI NUMBER	8 REGISTRY NUMBER	9 BAIL	10 COURT		
2 ANY BOOKING	WARRANT NO.	25 LOCATION OF CRIME	26 DATE/TIME OF CRIME	27 VICTIM/COMPLAINANT'S NAME	28 VICTIM/COMPLAINANT'S ADDRESS-STREET	29 SEX	31 RACE	32 AGE
3 ARRESTING AGENCY BENCH	ARRESTING AGENCY 40508 VC:	ORIGINAL CITATION CHARGES	30 CITY	STATE	33 HOME PHONE			
4 ARRESTING AGENCY-PARKING	ARRESTING AGENCY-ALL OTHER	OUTSIDE AGENCY WARRANT:	NAME OF AGENCY ENROUTE (NO WARRANT)					
5	6 OTHER BOOKING	7 ARRESTING AGENCY A.B.	8 TO					

7 2ND CHARGE	SOURCE	17 TYPE CHARGE <input type="checkbox"/> FEL <input type="checkbox"/> MISD	34 LOCATION OF ARREST (INCLUDE CROSS STREETS)				
18 CRIME DEFINITION	19 CLASS CODE	35 LOCATION CODE	41 DATE ARRESTED	42 TIME	30 DAY		
21 WARRANT BOOKING	WARRANT NO.	39 ARRESTED BY	OFFICER	PRIVATE PERSON	40 DATE BOOKED	41 TIME	42 DATE
1 ARRESTING AGENCY BENCH	ARRESTING AGENCY 40508 VC:	ORIGINAL CITATION CHARGES	43 ACCOMPLICES				
2 ARRESTING AGENCY-PARKING	ARRESTING AGENCY-ALL OTHER	OUTSIDE AGENCY WARRANT:	NAME OF AGENCY ENROUTE (NO WARRANT)				
3	4	5					
6 OTHER BOOKING	7 ARRESTING AGENCY A.B.	8 TO					

23 WARRANT CHECK RUN: <input type="checkbox"/> SSD <input type="checkbox"/> SPD <input type="checkbox"/> CLETS	24 IS ARRESTEE PAROLEE? <input type="checkbox"/> NO <input type="checkbox"/> YES: <input type="checkbox"/> CAA <input type="checkbox"/> CYA	44 ARRESTEE/SUSPECT NAME (LAST, FIRST, MIDDLE)	45 NICKNAME	46 ALIAS (LAST, FIRST, MIDDLE)					
47 ARRESTEE/SUSPECT ADDRESS (NUMBER-STREET)	48 CITY	49 STATE	50 ZIP CODE	51 HOME PHONE					
52 SEX	53 RACE	54 AGE	55 DATE OF BIRTH	56 PLACE OF BIRTH	57 HEIGHT	58 WEIGHT	59 HAIR	60 EYES	61 MARKS, SCARS, ETC
62 DRIVER'S LICENSE NO.	63 STATE	64 SOCIAL SECURITY NO.	65 OCCUPATION-NAME OF EMPLOYER	66 BUSINESS PHONE					

68 ARRESTEE SOBRIETY <input type="checkbox"/> SOBER <input type="checkbox"/> DRUNK <input type="checkbox"/> DRINKING <input type="checkbox"/> NARCOTIC <input type="checkbox"/> UNDER INFLUENCE	69 SOBRIETY TEST <input type="checkbox"/> NO <input type="checkbox"/> REFUSED	70 SOBRIETY TEST GIVEN <input type="checkbox"/> BLOOD <input type="checkbox"/> BREATH <input type="checkbox"/> URINE	71 NAME OF PARENT/GUARDIAN	72 ADDRESS	73 PHONE
74 NOTIFIED? <input type="checkbox"/> YES <input type="checkbox"/> NO			75 HOW NOTIFIED?	76 BY WHOM?	
77 SIGNATURE OF DEPUTY PROBATION OFFICER ACCEPTING CUSTODY X					

78 ADULT 01 UNFOUNDED 02 ARREST 03 EXCEPTIONAL DATE CLEARED	JUVENILE 11 IN CUSTODY 12 PROBATION COUNSEL/RELEASE 13 CANCEL BY PARENT	79 LICENSE NO.	80 STATE	81 MAKE	82 YEAR
83 MODEL		84 BODY STYLE	85 COLOR		
86 VEHICLE DISPOSITION <input type="checkbox"/> STORED <input type="checkbox"/> IMPOUNDED LOCATION					

87 MISDEMEANOR ARRESTS: INDICATE REASON FOR NON RELEASE BY CITATION PURSUANT TO 853.6 (J) P.C. 1 INTOXICATION DANGER TO SELF OR OTHERS 2 MEDICAL AID-UNABLE TO CARE FOR OWN SAFETY 3 ARREST FOR ONE OR MORE CRIMES UNDER 40502 VC 4 OUTSTANDING WARRANT(S) 5 UNSATISFACTORY IDENTIFICATION	6 RELEASE WOULD JEOPARDIZE PROSECUTION 7 LIKELIHOOD CRIME WILL CONTINUE OR SAFETY OF PERSONS OR PROPERTY WOULD BE ENDANGERED 8 DEMANDS TO SEE MAGISTRATE OR REFUSES TO SIGN CITATION 9 OTHER REASON(S)
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88 SYNOPSIS OF CORPUS DELICTI FOR ADULT ARREST (FULL DETAILS REQUIRED FOR ADULT WITH NO CRIME REPORT OR JUVENILE CUSTODY) ALSO INCLUDE ALL ADDITIONAL CHARGES FOR WARRANT SERVED OR HELD IN ABEYANCE LIST NUMBER, COURT CHARGE, DATE ISSUED, JUDGE AND AMOUNT OF BAIL.

89 REPORTING OFFICER	90 BADGE	91 DIV	92 ASSISTING OFFICER	93 BADGE	94 DIV
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TYPE OF REPORT
 RECLASSIFICATION
 UNFOUNDED
 CLEAR-UP
 MISSING PERSON LOCATED

SACRAMENTO POLICE DEPARTMENT
 RECLASS/UNFOUNDED/CLEAR UP

1	REPORT NUMBER
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2	VICTIM NAME	3	CRIME CLASSIFICATION
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4	RECLASSIFICATION	FROM	CRIME CLASS CODE	CRIME CODE SECTION	SOURCE	DATE REPORTED
		TO	CRIME CLASS CODE	CRIME CODE SECTION	SOURCE	

5	UNFOUNDED	CRIME CLASS CODE	CRIME CODE SECTION	SOURCE	DATE REPORTED
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6	CLEAR UP	CLEARED BY ARREST		CLEARED BY CITATION		NO ARREST	DATE REPORTED
		<input type="checkbox"/> ADULT BOOKED	<input type="checkbox"/> JUVENILE BOOKED	<input type="checkbox"/> ADULT CITED	<input type="checkbox"/> JUVENILE CITED	<input type="checkbox"/> VICTIM REFUSED TO COOPERATE (OFFENDER WAS NOT IDENTIFIED)	
PERSON ARRESTED OR RESPONSIBLE							
CLEARED, OTHER: NO ARREST - OFFENDER IDENTITY WAS DEFINITELY ESTABLISHED. <input type="checkbox"/> VICTIM REFUSED TO PROSECUTE <input type="checkbox"/> PROSECUTED BY ANOTHER AGENCY <input type="checkbox"/> DA REFUSED TO PROSECUTE OR FILE <input type="checkbox"/> OFFENDER CHARGED IN A DIFFERENT SPD CASE AND WILL NOT BE CHARGED IN THIS CASE <input type="checkbox"/> JUVENILE OFFENDER COUNSELED AND FIELD RELEASED <input type="checkbox"/> RESTITUTION MADE <input type="checkbox"/> JUSTIFIABLE HOMICIDE <input type="checkbox"/> CLEARED BY EXCEPTIONAL MEANS NOT ALREADY LISTED - ALL OF THE FOLLOWING QUESTIONS MUST BE ANSWERED "YES" A HAS THE INVESTIGATION DEFINITELY ESTABLISHED THE IDENTITY OF THE OFFENDER? B IS THERE ENOUGH INFORMATION TO SUPPORT AN ARREST CHARGE, AND TURNING OVER TO THE COURT FOR PROSECUTION? C DO YOU KNOW THE EXACT LOCATION OF THE OFFENDER SO THAT YOU COULD TAKE HIM INTO CUSTODY NOW? D IS THERE SOME REASON OUTSIDE THE POLICE CONTROL THAT STOPS YOU FROM ARRESTING, CHARGING, AND PROSECUTING THE OFFENDER?							

7 OFFENDER INFORMATION							ARREST REPORT OR CITATION #	SPD NUMBER	CHARGES
PERSON ARRESTED/RESPONSIBLE (LAST, FIRST, MIDDLE)	AGE	DOB	SEX	RACE	NAT'L				

8 ADDITIONAL CRIME REPORTS CLEARED IN SAME MANNER				
1	5	9	13	17
2	6	10	14	18
3	7	11	15	19
4	8	12	16	20

9	MISSING PERSON LOCATED	DATE REPORTED	DATE FOUND	TIME FOUND	ON LINE FILE UPDATED			
		REPORTED BY (NAME/RELATIONSHIP/AGENCY)						
		WHERE PERSON LOCATED						

10 REMARKS/DR ADDITIONAL ARRESTEES

11 REPORT PREPARED BY	12 BADGE	13 DIV	14 APPROVED BY	15 BADGE
16 ASSISTING OFFICER	17 BADGE	18 DIV	19 DATE	20 TIME

PAGE _____ OF _____

MEDICAL/CHILD RELEASE AUTHORIZATION(S)

REPORT NUMBER

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

TO WHOM IT MAY CONCERN:

I, the undersigned, authorize any sworn representative of the Sacramento Police Department or the Sacramento County District Attorney's Office to obtain any of the medical records of _____ (_____)

PATIENT'S NAME

DATE OF BIRTH

they deem necessary to assist in the investigation of an incident which occurred on _____ 19_____. I hereby relieve you, your organization, or others from any and all civil and/or criminal liability which might result from the disclosure of the information requested. A photocopy of this authorization shall be as valid as the original.

Patient's signature or Parent/Guardian's signature if patient is under 18 years of age.

DATE

Relationship to patient if authorization is by someone other than patient.

Witness Signature

DATE

Please send the above records to the attention of _____

2. CHILD RELEASE AUTHORIZATION

I, _____, authorize _____ to release my child(ren) to _____ who is _____. I release the Sacramento Police Department from any further responsibility for the welfare and safety of my child(ren).

NAME OF PARENT OR GUARDIAN

OFFICER'S NAME

BADGE #

FULL NAME

RELATIONSHIP (Uncle, Neighbor, etc.)

CHILD(REN) BEING RELEASED

NAME	D.O.B.	AGE	SEX	ADDRESS	PHONE #

Signature of Parent or Guardian _____

Date _____

CUSTODY ACCEPTANCE

I, _____, accept custody of and responsibility for the safety and welfare of the above-named child(ren). I will retain custody of the child(ren) until their parent(s) or legal guardian, or a court order relieves me of my responsibility.

PRINT NAME OF PERSON ACCEPTING CUSTODY

SIGNATURE

ADDRESS

DATE

PHONE #

OFFICER'S SIGNATURE

DATE