Appendix C
DXT Commands and Features

KEYBOARD FUNCTIONS

STATUS KEYS

Depress, THE NUMBER, and then transmit:

STATUS 1	=	ENROUTE	(10-51)
STATUS 2	=	ARRIVE	(10-97)
STATUS 3	=	CLEAR	(10-98)
STATUS 4	=	MISC.	(10-06/10-40/10-84)

NOTE: TO CLEAR EMERGENCY STATUS, DEPRESS "0" TRANSMIT

		1 STATUS	**2 STATUS**	**3 STATUS**
	TRANSMIT	**4 STATUS**	**5**	**6**
EMERGENCY		**7**	**8**	**9 10-33**
	ACK	**FORM**	**0 10-24**	**FUNC**

FUNCTION KEYS

Depress "FUNCTION," the number, and then transmit:

FUNCTION 1	=	ALL TAGS, VEHICLE QUERIES, DECALS; SS#; WEAPONS; DL's; ARTICLES; BOATS
FUNCTION 2	=	10-29P, and DL CHECKS
FUNCTION 3	=	RECORDS: SMNI (Search Master Name Index), CLUES
FUNCTION 4	=	NOT USED
FUNCTION 5	=	NOT USED
FUNCTION 6	=	AM MESSAGES - CAR-TO-CAR/CAR-TO-DISPATCHER (ALERTS. BOLOS. ETC.)
FUNCTION 7	=	ARN, ATI, AVS, CD, COP, DA, DR, FE, FIR,GEO, HD, HLP, HOT, LHF, MBA, MBD MBL, MBR, MBS, MBQ, ODA, ODD, PA, PGD, PID, SCC, SU, SPX, TF, URR, WARS

		1 FUNC	**2 FUNC**	**3 FUNC**
	TRANSMIT	**4 FUNC**	**5 FUNC**	**6 FUNC**
EMERGENCY		**7 FUNC**	**8**	**9 (1033)**
	ACK	**FORM**	**O**	**FUNC**

Alert	.AMCT (2 spaces) Alert		F6
	.AMCT.T1/T2/T3/T4 (2 spaces) Stolen Vehicle/Missing Person		F6
	.GR07 (West) OR GR01 (D1) OR GR03 (D3) GR1D(DELTA),GR1F(FOX),GR1J(JULIET),GR3A(ALPHA),GR3G(GOLF),GR3V(VICTOR)		F6
	.GR08 (East) OR GR02 (D2) OR GR04 (D4) GR2B(BRAVO),GR21(IDA),GR2E(ECHO,GR4C(CHARLIE),GR4H(HOTEL),GR4N(NORA)		F6
Area Summary (SUPERVISORS ONLY)	SU.AREA ID (SUPERVISORS ONLY)	SU.2I (for IDA) (SUPERVISORS ONLY)	F7
Area Vehicle Search File	AVS.Tag # (Zone 5) AVS.Tag #.QW (Wants/Warrants/Registration), also S10 entry format	AVS.123456 AVS.123456.QW	F7
Assign Report Number	ARN		F7
Clear Call	DISPOSITION.UPDATE SIGNAL.REMARKS NRE/COP/BKU/CIT/WRN/PRK/ROR/SPA/SPR	CIT..Citation # NRE.660.Civil Matter	S3
Court Date (Misdemeanor)	CD.MMDDYY.1st letter of defendant's last name	CD.011500.F	F7
Detailed Resource Record Display	DR (your own)		F7
	PID.# or LAST NAME	PID.0117/PID.ARMAN	
	DR.position	DR.T1	
Display Activity	DA (your own) DA.Other Unit (supervisors only)	DA DA.3I2	F7
Display Holding Event	.HD(Event#) - shows all active event	.HD628	F7
Find Closed Event	FE.EVENT (Event #=YYMMDDXXXX) (by Event #) FE..RPT (Report #=96XXXXXX) (by Report #)	FE.9906151999 FE..99010240	F7
Log On Off-Duty Log-On	RON.UNIT.GEOZONE.AREA.PID RON.UNIT#.DEP.AREA.PID	RON.1A8.A05.3A.2131 RON.3256.DEP.R1.2131	X MIT
Log Off	ROFF		X MIT
Message Acknowledge	Message to you (2 slashes) // your response		ACK
Message Hold	Places messages in hold status		S7
Message Send	.UNIT.(up to 5 units) (2 spaces) TEXT	.1ISI_ _Message	F6
Phone Number	ATI.####### SPX.NAME (Gives most often used business numbers)	ATI.2478000 SPX.BARNETT	F7
Search Master Name Index and Felony Notification System (FONS) on a Person	LAST,FIRST MIDDLE.RACE.SEX.DOB T0 RECEIVE NCIC INFORMATION - F2	DOE,JOHN ALAN.W.M.101565	F3
If a match is found, the appropriate file name indicator and how many times the name appears in that file will be returned to the DXT user. The following files have been included in the inquiry: BURGLARY (BURG), CHASE (CHAS), CITATIONS (CITS), CRIMINAL REGISTRANT (CRIM), DRUG (DRUG), FIELD INTERROGATION (FIRS), GANG (GANG), HABITUAL FELONY OFFENDER (HFO), HABITUAL VIOLENT FELONY OFFENDER (HVFO) PROSTITUTION (PROS),			

PAROLEE (PARO), PAWN (PAWN), SEX OFFENSE (RAPE), ROBBERY (ROBB), TRESPASS (TRES)			
Special Consideration Code	SCC.comments up to 28 characters	SCC.Court at 0830 hrs	F 7
Status	EN ROUTE 10-51 ARRIVE 10-97 CLEAR 10-98 MISCELLANEOUS 10-40 - 10-06 CLEAR EMERGENCY 0-XMIT	MS.40.FATMANS 30TH	S 1 S 2 S 3 S 4 S 0
Status Display	Your own Other unit by name Other unit by unit number	(just F7 key) Last Name,First Name .3256	F 7
Tag	Tag Number	ABC123	F 1
	Tag Number (Out-of-State with 2 letter state identifier)	ABC123.GA	F 1
Traffic Violations Information	TF.FLORIDA STATE STATUTE # FOR MOVING/NON-MOVING VIOLATIONS	TF.316.123 (RAN STOP SIGN)	F 7
Update Active Event	UPA.ALI.up to 7 characters (Add'l location Info) UPA.NAM.up to 24 characters (Name) UPA.ADR.up to 24 characters (Address) UPA.REM.up to 24 characters (Remarks)		F 7
Update Resource Record	URR.PID1.PID2 (2nd deputy in vehicle)	URR.2131.9381	F 7
Copying to Printers	COP.XXX (Printer location) Information on Screen will be sent to printer station	*COP.COM/COMM-Communications* *COP.D1/DI-District I* *COP.D2/DII-District II/IV* *COP.D3/DIII-District III* *COP.WAR/WARS-Warrants* *COP.T1/T2/T3/T4 (S10's/S'8s)*	F 7
DXT Help File	HLP. (Defaults to Response Screen)	*HLP.*	F 7
FIR-Search	FIR.N.Last Name.First Name.Rac.Sex.DOB	*FIR.N.Smith.John. W.M.101056*	F 7
GEO-Geographical	GEO (For your active event) GEO.U.2H1 (For another unit's active event) GEO.UNIT.2H1 (For another units active event) GEO.L.2302/50TH ST S/ - For an active or closed event GEO.LOC.2302/50TH ST S/ For an active or closed event	*GEO* *GEO.U.2H1* *GEO.UNIT.2H1* *GEO.L.2302/50TH ST* *GEO.LOC.2302/50TH ST*	F 7
HOT - Hot sheet for stolen vehicles	HOT (lists all stolen vehicles taken today/yesterday) HOT.District (lists stolen vehicles taken today/yesterday by district) HOT..grid (lists stolen vehicles taken today/yesterday by grid)	*HOT* *HOT.D4* *HOT..7941*	F 7

LHF-Location History File	LHF (For your active event) LHF.U.2H1 (For another unit's active event) LHF.UNIT.2H1 (For another units active event) LHF.L.2302/50TH ST S/ - For an active or closed event LHF.LOC.2302/50TH ST S/ For an active or closed event	*LHF* *LHF.U.2H1* *LHF.UNIT.2H1*	F 7
Mailbox Request for messages	MBR.(Defaults to log on PID)	*MBR*	F 7
	MBR.Mailbox#	*MBR.123*	
Mailbox Send Messages **Up to 12 lines on DXT**	MBS.Mailbox#.Mailbox#.Alert	*MBS.0123.C.Alert*	F 7
	MBS.BM(signal Code)..(message text) automatically goes to the blotter	*MBS.BM410..(Text)*	
	MBS.Mailbox#.Mailbox#.COP(Date - **000101**) - Comm. Oriented Policing	*MBS.B..COP000101*	
	MBS.AM(squad #)..goes to all squad members	*MBS.AM515..(Text)*	
	MBS.Mailbox#.Mailbox#.(Messsage Text)	*MBS.0123..892.(Text)*	
Mailbox Query by Search String	MBQ.Search string of up to 32 characters	*MBQ.BOL410Red Ford TRK*	F 7
Mailbox Deactivation	MBD.Message #	*MBD.05300011*	F 7
Mailbox Reactivation	MBD.Message#.R (for Reactivation)	*MBD.05300011.R*	F 7
Mailbox Address List Non-PID	MBA.(Blank) for complete list	*MBA.*	F 7
	MBA.Alpha Letter (Area looking for)	*MBA.A*	
Mailbox List of Messages	MBL.Mailbox #	*MBL.0123*	F 7
	MBL.Mailbox #.Date of Message	*MBL.B.0530*	
OFDS - Off duty statistics	ODA,code.time.PID, date is optional ODA.code.mins.PID ODD.PID. defaults to today's date	*ODA,680,1700,117,01 2400* *ODA.501.10.117* *ODD.117*	F 7
PGD-Warrants per Grid	PGD.GRID #	*PGD.7973*	F 7
SPX-Search HCSO Phone List	SPX.3 Character Request Minimum Partial Search with the first three letters Wildcard Search for listings starting with C//	*SPX.CENTRAL BOOKING* *SPX.CEN* *SPX.C//*	F 7
WARS-Warrant info on Persons	WARS.Warrant #	*WARS.20123456*	F 7

SPECIALIZED FLORIDA TAGS

NOTE: DEPUTIES MAY RUN SPECIALIZED TAGS BY TYPING IN THE BELOW LISTED PREFIX AND THE TAG NUMBER THEN (F1) - EXAMPLE HEART22615 (F1) OR FORMAT FRQ.HEART22615 (F1)

TYPE	PREFIX	TYPE	PREFIX
Antique	ANTI	Handicap	HP
Collectable	COLL	Horseless carriage	HC
Disabled Veteran	DV	Paralyzed Vet	PVAM
Ex POW	EX	Purple Heart	HEART

FCIC -- Florida Crime Information Center

Article	QA.XXXXXX.##### Example: QA.BBICYCL.123456 TYP is a 7-character field. The 1st character is one of the following: *A-Automobile* *O-Office Equip.* *B-Bicycle* *P-Personal Access* *C-Camera Equip.* *R-Radio/TV/Sound* *E-Equip. Tools* *S-Sports Equip.* *H-Household Appliance* *V-Viewing Equip.* *M-Musical Instruments* *Y-None of Above* In the TYP field, you must use one of the above letters and then type the name of the article up to 6 characters e.g. for a television TYP/RTelevi.	F4
Boat (stolen check)	QB.XXXXXXXXXX *(Boat Hull Number)* QB..XXXXXXXXXX *(Registration Number)*	F1
Boat (Registration)	FBQ.XXXXXXXX *(Boat Hull number in state)* FBQ..XXXXXXXX *(Registration Number in state)* BQ.XXXXXXXX.st *(Out of state boat hull number)* BQ..XXXXXXXX.st *(out of state registration)*	F1
Concealed Weapon Permit Registration Call 1-800 292-3242 (for verification)	FCW..XXXXXXXXX *(Permit Number)* FCW.XXXXXXXX *(Social Security Number)*	F5
Decal	FRQ...XXXXXXXX *(Decal number)*	F1
Driver's License-FL (by Number/Name)	FDQ.XXXXXXXXXXX *(Operator License Number)* FDQ..LAST.FIRST.MIDDLE.DOB(e.g.07031967).SEX DQ.OLN.ST (Out of State Driver's License)	F2
Gun (by Serial #)	QG.XXXXXXX *(Serial Number)*	F5
Lien Information-FL	FQL...XXXXXXXX *(Vehicle Identification Number-VIN)*	F1

	FQL.XXXXXXXX.YY *(Year)*	
Lojack Activation	SU.12345 (5 digit # obtained from Lojack equipment)	
Person (Warrant/Capias)	QW..LAST.FIRST.MIDDLE.DOB(e.g.07031967).RACE.SEX	F2
Person (by Social Security Number)	QW.XXXXXXXXX	F2
Registrations-FL License/Year/VIN/Tag	FRQ.XXXXXXX *(License)*	
	FRQ..XXXXXXX *(VIN)*	F1
	FQRN.LAST.FIRST.MIDDLE *(In state by name)*	
Registrations - out of state	RQ.LIC.LIY.LIT.ST *(out of state by license number)*	
	RQ..VIN.VMA.VYR.ST *(out of state by VIN)*	
	DNQ.LAST.FIRST.MIDDLE.ST *(Out of state by Name)*	F1
Vehicle (Wanted check)	QV..XXXXXXXXXXXXXXXXX *(VIN)*	F1

Appendix D
Representative Agency Forms and Reports

- **Criminal Report Affidavit**
- **Driver Exchange**
- **DUI Form**
- **Property Receipt**
- **Lead Information**
- **Domestic Violence Database**
- **Domestic Violence Monthly Report**
- **UCR Procedures**
- **HCSO Incident Report**
- **Evidence Report**
- **Persons Report**
- **Traffic Accident Report**
- **Administrative Reports**

Criminal Report Affidavit

Use Ballpoint Pen
Press Firmly

CRIMINAL REPORT AFFIDAVIT / NOTICE TO APPEAR

GRID # _____

ADMINISTRATION

COURTCASE/ J.F. ID # _____ SAO # _____ OBTS # _____

AGENCY REPORT # _____ AGENCY NAME _____ ORI. # _____

LOCATION OF OFFENSE _____ DATE OF OFFENSE _____ TIME OF OFFENSE _____

WITHIN:
TAMPA ☐ PLANT CITY ☐ TEMPLETERRACE ☐ UNINCORPORATED AREA ☐

COURT:
TAMPA COURT ☐ PLANT CITY CT ☐

LOCATION OF ARREST _____ DATE OF ARREST _____ TIME OF ARREST _____

BOOKING # _____ SOID # _____ WEAPON TYPE _____ WEAPON SEIZED Yes ☐ No ☐

ARREST
☐ Probable Cause ☐ Adult
☐ Capias ☐ Juvenile
☐ Fugitive Warrant ☐ Delinquency
☐ VOP ☐ Dependency
☐ Warrant ☐ Felony
☐ Juvenile Pickup ☐ Misdemeanor
☐ Traffic MISD
☐ Traffic FEL

REQUEST FOR:
☐ Capias ☐ Ordinance
☐ Warrant ☐ Pickup
☐ Summons ☐ Other
☐ Juvenile Pickup

NOTICE TO APPEAR:
☐ Arresting officer
☐ Booking supervising officer

DE FENDANT/DE PENDENT

NAME _____ ALIAS _____
Last First Middle

RACE:
W-White I-American Indian/Alaskan Native HW-Hispanic White HB-Hispanic Black B-Black O-Oriental/Asian

COMPLEXION _____ BUILD _____
HEIGHT _____ WEIGHT _____
COLOR:EYES _____ HAIR _____

Race _____ SEX _____ D.O.B. _____ APPROXIMATE AGE
Mo / DAY / YEAR

LOCAL ADDRESS (Street, Apt. #, City, State, Zip) _____ Ph # _____

Permanent Address (Street, Apt. #, City, State, Zip) _____ Ph # _____

Business Address (Street, Apt. #, City, State, Zip) _____ Ph # _____

Driver's License No. _____ State _____ SS # _____ - _____ - _____ PLACE OF BIRTH _____ DOC # _____

Gang Member: Yes ☐ No ☐ Gang Name _____

SCARS, MARKS, TATOOS, UNIQUE FEATURES (L.W., Type, Desc.) _____

IF JUVENILE:
School Name _____
Mother/Guardian _____ Address- _____ Ph # _____
Father/Guardian _____ Address- _____ Ph # _____
Released To: JAC ☐ Parent ☐ Guardian ☐ Other Relationship ☐ _____ ☐ Other _____

CO-DEFENDANT(S)

Co-Defendant (Last, First, Middle) _____ Sex- _____ Race- _____ DOB _____
Arrested ☐ At Large ☐ Capias/Warrant Requested ☐ Felony ☐ Misdemeanor ☐ Juvenile ☐

Co-Defendant (Last, First, Middle) _____ Sex- _____ Race- _____ DOB _____
Arrested ☐ At Large ☐ Capias/Warrant Requested ☐ Felony ☐ Misdemeanor ☐ Juvenile ☐

CHARGE(S)

STATUTE (Subsec.) /ORD#	DV	CHARGE STATUS	BOND SET	CHARGE	TRAFFIC CITATION #	DRUG ACT/TYPE

CHARGE STATUS: F-Felony M-Misdemeanor T-Traffic O-Ordinance FT-Felony Traffic
ACTIVITY: N-N/A P-Possess S-Sell B-Buy T-Traffic R-Smuggle D-Deliver E-Use K-Dispense/Distribute M-Manufacture/Produce/Cultivate Z-Other
TYPE: N-N/A A-Amphetamine B-Barbiturate C-Cocaine E-Heroin H-Hallucinogen M-Marijuana O-Opium/Deriv. P-Paraphernalia/Equipment S-Synthetic U-Unknown Z-Other

EVIDENCE LIST

A LIST OF TANGIBLE EVIDENCE (if none, write **"None"**) **(Evidence List must be provided for all NOTICES TO APPEAR)**

DESCRIPTION/AMOUNT PER UNIT	RECOVERED BY	GIVEN TO	PRESENT LOCATION

NOTICE TO APPEAR

Mandatory Appearance in Court ☐ You need not appear in Court, but must comply with instructions on Reverse Side. ☐

COURT INFORMATION: You must appear in County Court at the:

COURTHOUSE TOWER ANNEX, 801 E. TWIGGS STREET ☐
(Corner of Jefferson & Twiggs Street), TAMPA, FLORIDA 33602

COUNTY OFFICE BUILDING, MICHIGAN & REYNOLDS STREET ☐
PLANT CITY, FLORIDA 33566

Division _____ COURTROOM # _____ ON _____ 20 _____ AT _____ a.m. ☐ p.m. ☐

I agree to appear at the time and place designated above to answer for the offensl charged or to pay the fine subscribed. I understand that if I willfully fail to appear before the Court as required by the Notice to Appear, I may be held in contempt of Court and a warrant for my arrest shall be issued. You may also be charged with the crime of Failure to Appear, F.S. 843.15. 1 certify that my address as listed above is correct and I further understand that I have a continuing duty to advise the Court of any changes in my address as set forth above.

Signature of Defendant-Juvenile _____ Parent or Guardian (If Juvenile) _____

White - Clerk of Court Green - State Attorney **Canary** - Arresting Agency **Pink** - Central Booking/Detention Center **Goldenrod** - Defendant

REPORT# _____

AGENCY NAME _____

REPORT# _____

AGENCY NAME _____

PROBABLE CAUSE STATEMENT

AGENCY REPORT # _____ AGENCY NAME _____

State facts to establish probable cause that a crime was committed by the defendant or that the child is dependent _____

Judgement requested against defendant for agency investigative cost per Florida Statute 938.27: $ _____

OFFICER _____

I.D. # _____ Dist. & Squad _____
(Pime Print The Atom Information)

SWORN TO AND SUBSCRIBED BEFORE ME THIS

_____ DAY OF _____ 20____

NAMEffitle of Pe~ Aviiuzed to Athundster Oath,

POLICE REPORT WRI77EN: Yes ☐ No ☐

OFFICER _____ I.D. # _____ Dist. & Squad _____

I SWEAR THAT THE ABOVE STATEMENTS ARE CORRECT TO THE BEST OF MY KNOWLEDGE. FOR NOTICES TO APPEAR, I ALSO CERTIFY THAT A COMPLETE LIST OF WITNESSES AND EVIDENCE KNOWN TO ME IS ATTACHED.

AFFIANT, Signature _____

AFFIANT, Printtype N~ _____

VICTIM NOTIFICATION

NOTE: The WHITE COPY of VICTIM'S / WITNESSES goes to the Clerk's Office ONLY on Notices To Appear. In all other cases, it should be removed. The Jail or JAC personnel will determine this for all defendants turned over to them. In all Notices To Appear issued by the Arresting Officer, the Arresting Officer should leave the WHITE copy of VICTIM'S / WITNESSES attached.

Clerk Of Court

SAO FORM-425, 1/00

WITNESSES

WITNESS STATUS: V-Victim C-Complainant W-All Other Witnesses

STATUS	Last	First	Middle	Race	Sex	Date of Birth
home address(street, apartment number)			City	State	Zipcode	Phone
Business Address (Street, Apartment Number)			City	State	Zipcode	Phone
STATUS	last	First	Middle	Race	Sex	Date of Birth
Hme Address (Street, Aprmthinwt Number)			City	State	Zipcode	Phone
Business Address (Street, Aplerment Number)			City	State	Zipcode	Phone
STATUS	last	First	Middle	Race	Sex	Date of Birth
Home Address (Street Aplutment Number)			City	State	Zipcode	Phone
Business Address (Street, Aplutment Number)			City	State	Zipcode	Phone
STATUS	Last	First	Middle	Race	Sex	Date of Birth
Home Address (Street, Apartment Number)			City	State	Zipcode	Phone
Business Address (Street,Apartment Number)			City	State	Zipcode	Phone
STATUS	Last	First	Middle	Race	Sex	Date of Birth
Home Address (Street, Apartment Number)			City	State	Zipcode	Phone
Business Address (Street, Apartnlent Number)			City	State	Zipcode	Phone
STATUS	Last	First	Middle	Race	Sex	Date of Birth
Home Address (Street, Apartment Number)			City	State	Zipcode	Phone
Business Address (Street, Apartment Number)			City	State	Zipcode	Phone

Driver Exchange

HILLSBOROUGH COUNTY SHERIFF'S OFFICE
Traffic Accident Driver's Exchange Of Information Form

- REPORT THIS INFORMATION TO YOUR INSURANCE COMPANY AS SOON AS POSSIBLE -

Date of Accident	Time of Accident AM PM	Event Number	Report Number

Make	Tag Number	State	Insurance Company / Policy Number

Owners Name (Same as Driver) ☐	Address (Number and Street)	City and State	Zip Code

Driver's Name (First, Middle, Last)	Address (Number and Street)	City and State	Zip Code

Home Phone	Work Phone

Investigating Deputy	PID	District	

If you would like a copy of the complete ACCIDENT REPORT, you may purchase one
Five (5) Working Days after the date reported at the following location:

Hillsborough County Sheriff's Office (Records Section)
2008 East 8th Avenue Tampa, Florida 33601
Telephone: (813) 247-8210

Any difficulties that may arise with an insurance company, reference a claim, should be referred to the Florida Department of Insurance at the following number. (813) 987-6741.

HCSO(ENF) 203 Rev. 3/96

HILLSBOROUGH COUNTY SHERIFF'S OFFICE
Traffic Accident Driver's Exchange Of Information Form

- REPORT THIS INFORMATION TO YOUR INSURANCE COMPANY AS SOON AS POSSIBLE -

Date of Accident	Time of Accident AM PM	Event Number	Report Number

Make	Tag Number	State	Insurance Company / Policy Number

Owners Name (Same as Driver) ☐	Address (Number and Street)	City and State	Zip Code

Driver's Name (First, Middle, Last)	Address (Number and Street)	City and State	Zip Code

Home Phone	Work Phone

Investigating Deputy	PID	District	

If you would like a copy of the complete ACCIDENT REPORT, you may purchase one
Five (5) Working Days after the date reported at the following location:

Hillsborough County Sheriff's Office (Records Section)
2008 East 8th Avenue Tampa, Florida 33601
Telephone: (813) 247-8210

Any difficulties that may arise with an insurance company, reference a claim, should be referred to the Florida Department of Insurance at the following number. (813) 987-6741.

HCSO(ENF) 203 Rev. 3/96

Property Receipt

HILLSBOROUGH COUNTY SHERIFF'S OFFICE PROPERTY RECEIPT	☐ Confidential PAGE ____ OF ____	Case Number	Event Number
Type of Incident	Type of Property (Check One) ☐ Lost/Found/Abandoned Property ☐ Evidence/Safekeeping ☐ Homicide ☐ Vehicle Impound ☐ Seizure/Forfeiture	Evidence Use Only	
Exact location where property was impounded		Impound Date / Time	Inventory Number

#	☐ Reported By ☐ Discovered By ☐ Owner ☐ Other ...	Race	Sex	Age	DOB
Residence					Residence Phone
#	☐ Reported By ☐ Discovered By ☐ Owner ☐ Other ...	Race	Sex	Age	DOB
Residence					Residence Phone

Evidence Use Only	Item #	Qty/Wgt	**Description** (Make, Model, Serial #, etc.) Complete Reverse For Firearms, Bicycles, and Vehicles)

Citizen Use

☐ *Int* I hereby acknowledge that the above list represents all the property taken from my possession and that I have received a copy of this receipt.

Print Name Date

☐ *Int* The property turned in by me to the Sheriff is not mine and I claim no interest in it.

Signature

Impounding Officer (Print Name)	PID/SQD/DIST	Signature	Date

Item#	Received By	PID		Purpose	Received Date/Time
			☐ Sealed ☐ Open		
			☐ Sealed ☐ Open		
			☐ Sealed ☐ Open		

HCSO(ENF) 248 Rev. 9/00

PROPERTY RECEIPT CONTINUATION

PAGE____ OF ____

Item #	Received By	PID		Purpose	Received Date/Time
			☐ Sealed ☐ Open		
			☐ Sealed ☐ Open		
			☐ Sealed ☐ Open		
			☐ Sealed ☐ Open		
			☐ Sealed ☐ Open		
			☐ Sealed ☐ Open		

FIREARMS IMPOUND SECTION

Court Order Required? ☐ Yes ☐ No

#	Make	Type	Model #	Caliber Guage	Mag/Cyl Capacity	Barrel Length
Finish		Serial #	**Action** Type		Other ID Marks	
N.I.B.I.N. (Check One) ☐ DO NOT process ☐ Process immediately ☐ Process after being processed for:						
#	Make	Type	Model #	Caliber Guage	Mag/Cyl Capacity	Barrel Length
Finish		Serial #	**Action** Type		Other ID Marks	
N.I.B.I.N - (Check One) ☐ DO NOT process ☐ Process immediately ☐ Process after being processed for:						
#	Make	Type	Model #	Caliber Guage	Mag/Cyl Capacity	Barrel Length
Finish		Serial #	**Action** Type		Other ID Marks	
N.I.B.I.N - (Check One) ☐ DO NOT process ☐ Process immediately ☐ Process after being processed for:						
#	Make	Type	Model #	Caliber Guage	Mag/Cyl Capacity	Barrel Length
Finish		Serial #	**Action** Type		Other ID Marks	
N.I.B.I.N , (Check One) ☐ DO NOT process ☐ Process immediately ☐ Process after being processed for:						
#	Make	Type	Model #	Caliber Guage	Mag/Cyl Capacity	Barrel Length
Finish		Serial #	**Action** Type		Other ID Marks	
N.I.B.I.N - (Check One) ☐ DO NOT process ☐ Process immediately ☐ Process after being processed for:						

BICYCLE INFORMATION

Make	Size	Color	Male/Female	Serial Number
.Make	Size	Color	Male/Female	Serial Number
- Make	Size	Color	Male/Female	Serial Number

VEHICLE INFORMATION

Year	Make	Model	Style	License	State
Color	VIN			Damage	
Year	Make	Model	Style	License	State
Color	VIN			Damage	

Domestic Violence Database

CaseNo	Date	Day Of Week	Time Slot	Location	Weapon	Offense
00000018	1/1/2000	Saturday	2000-2400	Residence	Body	Battery

Address: 1428 HARNESS HORSE LN. Grid: 7313

Children Present ☐ Animal Abuse ☐

CaseN	00000018	RaceID	White	Preg	☐
Victim	☐ Suspect ☑	SexID	Male	Gay	☐
LNam	LOVE	InjuryID	Unknown	≥65	☐
FNam	MARK	ActionID	Direct File	Disabled	☐
DOB	8/9/1969	Juvenile	☐	Hispanic	☐
Age	30	NotIntimate	☐	Military	☐
Vrto		NotPresent	☑	LEO	☐

Domestic Violence Monthly Report

DOMESTIC VIOLENCE MONTHLY REPORT
April 2000

NUMBER OF REPORTS BY DAY AND TIME

	SUN	MON	TUE	WED	THU	FRI	SAT	UNK	TOTAL
0001-0400	22	6	9	4	6	9	15	0	71
0401-0800	7	3	3	2	5	5	7	0	32
0801-1200	11	7	6	6	2	5	12	0	49
1201-1600	8	6	7	8	2	6	9	0	46
1601-2000	23	11	8	9	12	11	14	0	88
2001-2400	14	21	22	12	20	16	30	0	135
TOTAL	85	54	55	41	47	52	87	0	421

LOCATION OF DOMESTIC INCIDENT

RESIDENCE	BUSINESS	OTHER
374	17	28

DOMESTIC VIOLENCE CHARGES

ASSAULT	AGG ASSAULT	BATTERY	AGG BATTERY	SEXUAL BATTERY	STALK-ING	AGG STALKING
8	24	124	41	1	0	4

BUR-GLARY	VIOLATION OF INJUNCTION	FALSE IMPRISON-MENT	ATTEMPT HOMICIDE	HOMI-CIDE	OTHER	MULTIPLE CHARGES
7	36	11	1	0	3	40

WEAPONS INVOLVED

GUNS	BODY	KNIVES	PHONE	VEHICLES	HOUSEHOLD ITEMS	OTHER
5	341	19	1	5	7	77

INCIDENTS OF CHILDREN PRESENT

147

VICTIM INFORMATION

	VICTIMS	DIRECT FILE	ARREST	WARRANT ISSUED	DUAL ARREST
FEMALE	341	4	1	0	5
MALE	91	5	0	0	5

SUSPECT INFORMATION

	SUSPECTS	DIRECT FILE	ARREST	WARRANT
FEMALE	84	24	60	0
MALE	340	110	223	6

INJURIES

MAJOR	MINOR	NONE	UNKNOWN
6	283	448	110

HILLSBOROUGH COUNTY SHERIFF'S OFFICE

Records Section

Uniform Crime Reporting

Procedures

Table of Contents

UCR Entry Procedures **1**

Monthly Reports **15**

Drug List **16**

Appendix A

Hate Crimes

UCR ENTRY PROCEDURES

The Uniform Crime Reporting (UCR) program will provide electronic data entry of all UCR crime data. The system inputs will be sufficient to ensure the output meets all Federal Department of Law Enforcement (FDLE) reporting requirements. The system will provide for electronic submission of data to FDLE and produce standard FDLE reports. The system will capture and report clearance data and wherever possible, update and integrate that information with the Law Enforcement Event Data System (LEEDS) system. This system will provide reports to the Planning and Research Bureau to meet the Agencies identified needs.

The following screens are contained in the system:

UCRMENU

This is the **MAIN MENU** for the UCR system:

```
UCRMENU        UNIFORM CRIME REPORTING MAIN MENU

     I        UCRS CASE ENTRY             [ ] UCR

     II       UCRS PROPERTY ENTRY         [ ] UCRPROP

     III      UCRS OFCR KILLED/ASSAULTED  [ ] UCROFFKILL

     IV       UCRS HOMICIDE SUPPLEMENT    [ ] UCRSUPHOM

     V        UCRS REPORT CARD            [ ] UCRREPORT

     VI       UCRS REPORT MENU            [ ] UCRRPTMENU


1    2    3    4    5   6INFO    7    8HELP    9    10QUIT
```

I UCRS CASE ENTRY

This is the main entry program into the UCR system. This program actually has two screens. The first accepts an offense number and victim number. The second screen accepts data. The program will retrieve information previously entered and contained in the LEEDS system. If the case was previously updated, all information entered will be displayed and the screen will be updated.

```
UCR            UCRS CASE SELECTION

               CASE#   [        ]         VICTIM# [   ]




1     2     3   4RETURN    5    6INFO    7    8HELP     9     10QUIT
```

The offense number is entered and then the following screen displays:

```
UCR          UCRS CASE ENTRY       CASE [   ]

DATE [     ]  TIME [    ]  GRID [   ]  LOCATION TYPE  [  ]

VIC#  TYP  RELAT  DV  RACE  SEX  AGE  RESTYP  RESSTA  INJTYP  EXTINJ
 01   [ ]  [   ]  []  [ ]   [ ]  [ ]  [    ]  [    ]  [    ]  [    ]
 02   [ ]  [   ]  []  [ ]   [ ]  [ ]  [    ]  [    ]  [    ]  [    ]
 03   [ ]  [   ]  []  [ ]   [ ]  [ ]  [    ]  [    ]  [    ]  [    ]

VIC#  OFFENSE  FORCE  WEAPON  DRUGACT  DRUGTYP PREM/VEH INHAB  RECOV
[ ]   [   - ]  [ ]    [ ]     [ ]      [ ]     [  ]     [ ]    [   ]
[ ]   [   - ]  [ ]    [ ]     [ ]      [ ]     [  ]     [ ]    [   ]
[ ]   [   - ]  [ ]    [ ]     [ ]      [ ]     [  ]     [ ]    [   ]
[ ]   [   - ]  [ ]    [ ]     [ ]      [ ]     [  ]     [ ]    [   ]
[ ]   [   - ]  [ ]    [ ]     [ ]      [ ]     [  ]     [ ]    [   ]
[ ]   [   - ]  [ ]    [ ]     [ ]      [ ]     [  ]     [ ]    [   ]

CLEAR TYPE  [    ] CLEAR DATE [     ]  ARRESTS: ADULT  [ ]  JUVY [ ]
                                               MALE   [ ]  MALE [ ]
                                               FEM    [ ]  MALE [ ]
RACE: WHI  [  ]  BLK [  ]  IND [  ]  ASIAN [  ]

1MORE  2PROP  3SUPHOM  4RETURN  5DELETE  6INFO  7BATLEO  8HELP  9TABLE
10SUPCLR
```

UCR ENTRY

1. Date, Time, and Grid are automatically entered by System (You may change Grid as needed).

2. Enter other fields from Incident Report (use F9 for table).

The following function keys active are:

F1 (More)- Additional victim and offender information may be entered.

F2 (Prop)- The property entry program is displayed.

F3 (Suphom)- The supplemental homicide entry screen is displayed.

F4 (Return)- This will return the user to the entry screen.

F5 (Delete)- Deletion of current shown entry screen.

F6 (Info)- Information is displayed for the current screen.

F7 (Batleo)- This will bring up the Officer Assaulted/Killed screen.

F8 (Help)- Help is available for the highlighted field.

F9 (Table)- A table of codes is available for the highlighted field.

F10 (Supclr)- Additional clearance screen is displayed.

UCRCLR UCRS SUPPLEMENTAL CLEARANCE BY ARRESTS CASE [ ]

```
            ADULT ADULT ADULT  JUV   JUV   JUV
DATE          ARR  MALE  FEM   ARR   MALE  FEM   WHI  BLA  IND  ASIAN
[         ]  [  ] [  ]  [  ]  [  ]  [  ]  [  ]  [  ] [  ] [  ] [   ]
[         ]  [  ] [  ]  [  ]  [  ]  [  ]  [  ]  [  ] [  ] [  ] [   ]
[         ]  [  ] [  ]  [  ]  [  ]  [  ]  [  ]  [  ] [  ] [  ] [   ]
[         ]  [  ] [  ]  [  ]  [  ]  [  ]  [  ]  [  ] [  ] [  ] [   ]
```

This screen will add additional victim and offender information to the UCR case entry screen. This is a supplemental entry screen. (f1 for next victim).

UCR-2 UCRS CASE ENTRY CASE [ ]

```
DATE [      ]  TIME [    ]   GRID  [    ]    LOCATION TYPE  [    ]


VIC#  TYP  RELAT  DV  RACE SEX AGE  RESTYP RESSTA  INJTYP  EXTINJ
[ ]   [ ]  [   ]  []  [ ]  [ ] [ ]  [   ]  [   ]   [   ]   [   ]


VIC# OFFENSE FORCE  WEAPON DRUGACT DRUGTYP PREM/VEH  INHAB  RECOV
[ ]  [   - ] [ ]    [ ]    [ ]     [ ]     [  ]      [ ]    [  ]
[ ]  [   - ] [ ]    [ ]    [ ]     [ ]     [  ]      [ ]    [  ]
[ ]  [   - ] [ ]    [ ]    [ ]     [ ]     [  ]      [ ]    [  ]
[ ]  [   - ] [ ]    [ ]    [ ]     [ ]     [  ]      [ ]    [  ]
[ ]  [   - ] [ ]    [ ]    [ ]     [ ]     [  ]      [ ]    [  ]
[ ]  [   - ] [ ]    [ ]    [ ]     [ ]     [  ]      [ ]    [  ]


1MORE  2PROP 3  4RETURN  5DELETE  6INFO  7  8HELP 9TABLE 10SUPCLR
```

II UCRS PROPERTY ENTRY

UCRPROP (F2)

This is the property entry screen for the UCR system. To enter the description of stolen property, the value of stolen and recovered property from the incident reporting forms. The program has two screens. The first accepts the offense number, and the second the data. The program has a quick access call from the UCR data entry screen. (F2)

UCRPROP ENTER UCR PROPERTY

```
                          CASE#   [       ]

1     2    3   4RETURN    5   6INFO   7   8HELP   9    10QUIT
```

UCRPROP

The offense number is entered and then the following screen
Is displayed:

UCRPROP UCRS PROPERTY ENTRY CASE [ ]

```
                          VALUE        VALUE              DATE
CODE DESCRIPTION          STOLEN/DAM   RECOVERED          RECOVERED
```

```
[  ]                    [        ]   [       ]         [       ]
[  ]                    [        ]   [       ]         [       ]
[  ]                    [        ]   [       ]         [       ]
[  ]                    [        ]   [       ]         [       ]
[  ]                    [        ]   [       ]         [       ]
[  ]                    [        ]   [       ]         [       ]

1  2ROLLFW  3ROLLBK   4RETURN  5PRINT   6INFO  7  8HELP  9TABLE  10QUIT
```

FUNCTION KEYS

F2- Screen for additional entry of property.
F3- Will return user to the previous screen.
F4- Will return user back to the UCR Entry Screen.
F5- Print the property screen.
F6- Information is displayed for property screen.
F8- Displays help for the field that the cursor is in.
F9- Table of codes is displayed for highlighted field.
F10- Will exit the property program and return to an idle Screen.

III UCRS OFCR KILLED/ASSAULTED

UCROFFKILL (F7)

This is the Officer killed/assaulted entry screen for the UCR system. Enter all information from the incident reporting form, on assaults or information on officers killed in the line of duty. The program has two screens. The first accepts the offense number and victim number. The second accepts the data. The program has a quick access call from the UCR Data Entry screen. (F7 or BatLeo)

UCROFFKILL UCR OFFICER KILLED OR ASSAULTED ENTRY SCREEN

```
                OFFENSE RPT# [        ]  VICTIM# [         ]



1   2   3     4RETURN   5    6INFO    7     8HELP    9     10QUIT
```

The offense or victim number is entered and then the following screen is displayed:

UCROFFKILL UCR OFFICER KILLED OR ASSAULTED ENTRY CASE#[ ]

```
DATE [    ]     TIME [   ]   GRID  [    ]  LOCATION TYPE  [        ]

OFC#  [   ]     OFFICER AGE  [   ]  SEX  [  ]        RACE  [   ]
```

```
OFND#  [  ]     OFFENDER AGE [   ]  SEX  [  ]        RACE  [   ]

INCIDENT TYPE    [   ]   OFFICER ACTIVITY  [   ]  TYPE OF ASSIGN  [  ]

OFFICER WEARING BODY ARMOR?   [  ]   ARMOR PREVENT SSER INJ/FAT   [  ]

OFF AWARE OFFENDER HAD WEAP   [  ]   OFFENDER USE OFF WEAPON?     [  ]

FIREARM DISCH BY OFFENDER     [  ]   DISTANCE FROM OFFICER  (FT)  [  ]

FIREARM DISCH BY OFFICER?     [  ]   WAS OFFENDER INJURED?        [  ]

EXT OF INJURIES TO OFFENDER   [  ]   OFFICER EXPERIENCE IN YRS    [  ]

1NEW   2    3    4RETURN   5DELETE   6INFO   7   8HELP  9TABLE  10QUIT
```

Battery on Law Enforcement (UCROFFKILL)

1. Give Mapper command RRPER, Pid# of Officer to retrieve information on Officer(Age,Sex,Race and F7 for years of service).
2. Enter information with F9 and UCR manual pages 38-51.
3. If multiple officers assaulted or killed, repeat steps.

IV UCRS HOMICIDE SUPPLEMENT

UCRSUPHOM (F3)

This is the UCR Supplemental Homicide Entry/Update screen. To collect all homicide information from the incident reporting form. The program has two screens. The first screen accepts the offense number and the victim number, the second the data. The system has a quick access call from the UCR entry screen. (F3 or SUPHOM)

UCRSUPHOM UCR SUPPLEMENTAL HOMICIDE ENTRY/UPDATE SCREEN

```
          OFFFENSE RPT#  [       ]    VICTIM#  [         ]


1     2    3    4RETURN   5  6INFO  7    8HELP   9    10QUIT
```

The offense number is entered and the following screen displays.

UCRSUPHOM UCR SUPPLEMENTAL HOMICIDE ENTRY/ UPDATE CASE [   ]

```
DATE  [       ]  TIME  [    ]   GRID  [      ] LOCATION TYPE  [       ]

VICT# [    ]  VICTIM AGE  [  ]   SEX   [    ]  RACE  [  ] VICT REL  [   ]
```

```
OFND# [    ] OFFFENDER AGE [  ] SEX   [    ]  RACE [  ]

SITUATION CODE   [   ]  WEAPON TYPE  [   ]  HOMICIDE CIRCUMSTANCE [   ]

CIRCUM NEGLIGENT MANSLAUGHTER  [    ]   JUSTIFIABLE CIRCUM   [     ]

JUSTIFIABLE CODE  [    ]

1NEXT   2    3    4RETURN  5DELETE  6INFO  7  8HELP   9TABLE  10QUIT
```

Supplemental Homicide (UCRSUPHOM)

1. Enter information on UCRSUPHOM with the F3key and UCR manual pages 30-37.
2. If multiple victims repeat the above steps.

V UCRS REPORT CARD

UCRREPORT

This program displays a report of UCR entry activity. The program will track the entries made by UCR data entry personnel by PID #. It can be run for a data range and can include all PIDS or a specific PID. It can also display a list of the backlog of reports waiting to be UCR coded. **A supervisor can only access this program.**

UCRREPORT **UCR REPORT CARD**

```
                 DATE RANGE FROM [     ] TO  [      ]

                 FOR PID  [     ]  (LEAVE BLANK FOR ALL PIDS)

                 DISPLAY BACKLOG [  ]

1      2    3     4RETURN  5    6INFO  7   8HELP     9     10QUIT
```

VI UCRS REPORT MENU

UCRRPTMENU

Allows the user to access predefined reports for UCR reported crimes. User may also select data to export to other computer applications.

UNIFORM CRIME REPORTING REPORTS MENU

UCRS CRIMES BY GRID	**[ ]**	**UCRCRIMEGRID**
UCRS CRIMES AND OFFENSE CLEARANCES	**[ ]**	**UCROFFENSE**
UCRS VICTIMS BY OFFENSE TYPE	**[ ]**	**UCRVICOFF**
UCRS DOMESTIC VIOLENCE TOTALS	**[ ]**	**UCRDOMOVIO**
UCRS EXPORT REPORT	**[ ]**	**UCREXPORT**
UCRS PROPERTY REPORT	**[ ]**	**UCRPROPRPT**
UCRS SUPPLEMENT REPORTS	**[ ]**	**UCRSUPRPT**
UCRS CENSUS TRACT REPORT	**[ ]**	**UCRCENSUS**
UCRS CENSUS TRACT CRIME RATE	**[ ]**	**UCRCRIME**

UCR CRIMES BY GRID

UCRCRIMEGRID

Provides a report of Part I Crimes, Total Part I Crimes, and Drug Offenses for a grid, defined target area, or specific address by date range. Report can be requested for all information captured by HCSO (Local) or FDLE (Reportable).

FROM DATE [ ] TO [ ]

TARGET [ ] GRID [ ]

STREET [ ]

REPORTABLE OR LOCAL [ ] (R/L)

UCRS CRIMES AND OFFENSE CLEARANCES

UCROFFENSE

Provides a report of Part I Crimes, total Part I Crimes and Clearance Rates by date range for a grid, defined target area, or specific address. Report can be requested for all information captured by HCSO (Local) or FDLE (Reportable).

FROM DATE [ ] TO [ ]

TARGET [ ] GRID [ ]

ADDRESS [ ]

REPORTABLE OR LOCAL [ ] (R/L)

ALL/UNINCORP/OTHER [ ] (A-ALL, U-UNINCORPORATED, O-OTHER)

OFFENSE CODE [ ] TO [ ]

UCR VICTIMS BY OFFENSE

UCRVICOFF

Provides a report of selected offense data by date range, age, sex,race, resident type, status, ext of injury, and victim/offender relationship for a grid, defined target area, or specific address. Report can be requested for all information captured by HCSO (Local) or FDLE (Reported).

FROM DATE [ ] TO [ ]

TARGET [ ] GRID [ ]

ADDRESS [ ]

AGE RANGE [ ] TO [ ] RESTYP [ ] RES STATUS [ ]

RACE [ ] SEX [ ] VICTIM RELATIONSHIP [ ]

OFFENSE [-] EXTENT OF INJURY [ ]

REPORTABLE OR LOCAL [ ] (R/L)

UCRS DOMESTIC VIOLENCE TOTALS

UCRDOMVIO

Provides a report of total domestic violence related crimes by offense by age, sex, race, weapon, and victim relationship for a grid, defined target area, or specific address. Report can be

requested for all information captured by HCSO (Local) or FDLE (Reported).

FROM DATE [ ] TO [ ]

TARGET [ ] GRID [ ]

ADDRESS [ ]

AGE [ ] TO [ ]

RACE [ ] SEX [ ]

WEAPON [ ]

VICTIM RELATION [ ]
REPORTABLE OR LOCAL [ ] (R/L)

UCR EXPORT REPORT

UCREXPORT

Multiple option screen displays UCR crime statistics by case, date, time, grid, offense, type, target, location, age, race, sex and/or other statistical fields.

CASE NUMBER [ ] DATE FROM [ ] TO [ ]

TIME FROM [ ] TO [ ] OFFFENSE TYPE [-]

TARGET [ ] GRID [ ] LOCATION TYPE [ ]

ADDRESS [ ]

AGE RANGE [ ] TO [ ] RACE [ ] SEX [ ]

RES TYPE [ ] RES STA [ ] TRACT [ ] DOM VIO [ ]

WEAPON TYPE [ ]EXT INJ [ ] INJ TYPE [ ]VICT REL [ ]

DRUG ACTIVITY[ ] DRUG TYPE[ ]PREMISES[ ] INHABITED [ ]

RECOVERY [ ] FORCE[ ] CLEAR TYP [ ] CLR DATE [ ]

ENT DATE [ ] UPD DATE [ ] PID [ ] R/L? [ ]

UCR PROPERTY REPORT

UCRPROPRPT

Provides a report of specific property by offense type, targeted area, grid, or address. Report can be requested

For multiple property types.

CASE NUMBER [ ] DATE FROM [ ] TO [ ]

OFFENSE TYPE [ ]

TARGET [ ] GRID [ ]

ADDRESS [ ]

PROPERTY TYPE [ ] [ ] [ ] [ ] [ ] [ ]

UCRS SUPPLEMENTAL REPORTS

UCRSUPRPT

This a program designed to display a report of all supplemental homicide incidents or officer assaulted or killed reports for a date range.

CASE NUMBER [ ] DATE FROM [ ] TO [ ]

OFFENSE TYPE [ ]

TARGET [ ] GRID [ ]

ADDRESS [ ]

SUPPLEMENT TYPE [ ] (HOM OR OFK)

UCR CENSUS TRACT REPORT

UCRCENSUS

The Census Track Report lists how many Part I crimes occurred in a census track for the dates entered.

FROM DATE [ ] TO [ ]

TARGET [ ] GRID [ ]

STREET [ ]

REPORTABLE OR LOCAL [ ] (R/L)

UCRS CENSUS TRACT CRIME RATE

UCRCRIME

The UCR crime program accept an address and reports the number of UCR Part I as tabulated per Census Tract.
Annually, census tracts are rated as they are related to other areas in the Unincorporated County.

ENTER YEAR -> [ ]

LOCATION ---> [ ]

BLOCK FORMAT =

INTERSECTION FORMAT =

UCR MONTHLY REPORTS

1. Type UCROFFENSE and scroll lock.
2. Start at the beginning of the year to the end of the current month.
   Example: 20010101 to 20010531
3. Enter codes.

   001 to 045 – overall report
   001 to 002
   003 to 004
   005 to 006
   007 to 013
   014 to 015
   023 to 029
   030 to 038
   042 to 045

4. PRINT using LASCOP station number,H,L
5. Type UCREXPORT
6. Enter the data range as shown in the example above on line 2.
7. Enter offense numbers shown below:

   01 001 leave an R
   02 002 change to an L
   03 080 change to an L

8. Verify the Murder and Justifiable count with Pat's report.

DRUG LIST

DRUG ACTIVITY AND DRUG TYPE

The following hierarchy is used when reporting drug **activity** from the Incident Report.

T – TRAFFIC

R – SMUGGLE
M – MANUFACTURE
S – SELL
K – DISPENSE
D – DELIVER
P – POSSESS
B – BUY
E – USE
Z – OTHER

Once the hierarchy by activity has been completed, the following hierarchy for drug **type** may be used in further selecting which offenses will be reported.

E – HEROIN
H – HALLUCINOGEN
O – OPIUM/DERIVATIVE
C – COCAINE
M – MARIJUANA
A – AMPHETAMINE
B – BARBITURATE
S – SYNTHETIC
U – UNKNOWN
Z – OTHER
P – PARAPHERNALIA/EQUIPMENT

See drug book for more detailed definitions of the drug type.

HCSO Incident Report

HILLSBOROUGH COUNTY SHERIFF'S OFFICE
INCIDENT REPORT

PAGE 1 OF _____

1. Case No. | **Event No.**

2. Type of Incident ☐Comm ☐Att ☐N/A ☐DV | SIG CODE | 3. Statute No.

4. Incident Date Time | To: Date Time | 5. Report Date Time | 6. Other Case No. Agency

7. Location of Incident Scene | 8. Grid | 9. # Off | ☐Gang ☐Juvenile

10. Location Type

01-Residence-Single
02-Apartment/Condo
03-Residence-Other
04-Hotel/Motel
05-Convenience Store
06-Gas Station
07-Liquor Store
08-Bar/Night Club
09-Supermarket
10-Dept/Discount Store
11-Speciality Store
12-Drug Store/Hospital
13-Bank/Financial Inst.
14-Commercial/Office Bldg.
15-Industrial/Mfg.
16-Storage
17-Govt/Public Bldg.
18-School/University
19-Jail/Prison
20-Religious Bldg.
21-Airport
22-Bus/Rail Terminal
23-Construction Site
24-Other Structure
25-Parking Lot/Garage
26-Highway/Roadway
27-Park/Woodlands/Field
28-Lake/Waterway
29-Motor Vehicle
30-Other Mobile
99-Other

11. Type of Weapon

00-N/A
01-Handgun
02-Rifle
03-Shotgun
04-Firearm
05-Knife/Cutting Instrument
06-Blunt Object
07-Hands/Fists/Feet
08-Poison
09-Explosives
10-Fire/Incendiary
11-Threat/Intimidation
12-Simulated Weapon
13-Drugs
88-Unknown
99-Other

12. Drug Type

A-Amphetamine
B-Barbiturate
C-Cocaine
E-Heroin
H-Hallucinogen
M-Marijuana
O-Opium//Derivative
P-Paraphernalia
S-Synthetic
U-Unknown
Z-Other

V/W Code

VI-Victim
CP-Complainant
SB-Sexual Battery Victim
MA-Missing Adult
MC-Missing Child
DC-Dependent Child
WI-Witness
NS-Neighborhood Survey
FI-Further Information
SP-Suspect
AR-Arrested
JV-Juvenile
OW-Owner
OT-Other
AS-Associate

VICTIM'S RELATIONSHIP TO OFFENDER: (VRTO)

01-N/A
02-Undetermined
03-Spouse
04-Ex-Spouse
05-Co-Inhabitant
06-Parent
07-Brother/Sister
08-Child
09-Step-Parent
10-Step-Child
11-In-Law
12-Other Family
13-Student
14-Teacher
15-Child of Boyfriend/Girlfriend
16-Boyfriend/Girlfriend
17-Friend
18-Neighbor
19-Sitter/Daycare Center
20-Employee
21-Employer
22-Landlord/Tenant
23-Acquaintance
99-Other

☐VI ☐CP | **13. Name** | VRTO | Race | Sex | Age | DOB
Residence | INJ ☐ | Res. Phone
FL RES ☐Full ☐Part ☐Non ☐N/A | Business | Bus. Phone

14. Name | VRTO | Race | Sex | Age | DOB
Residence | INJ ☐ | Res. Phone
FL RES ☐Full ☐Part ☐Non ☐N/A | Business | Bus. Phone

15. Name | VRTO | Race | Sex | Age | DOB
Residence | INJ ☐ | Res. Phone
FL RES ☐Full ☐Part ☐Non ☐N/A | Business | Bus. Phone
Arrest Date -Time | Location of Arrest | Charges

16. Name | VRTO | Race | Sex | Age | DOB
Residence | INJ ☐ | Res. Phone
FL RES ☐Full ☐Part ☐Non ☐N/A | Business | Bus. Phone
Arrest Date -Time | Location of Arrest | Charges

Reporting Officer | PID | SQ | Dist | Editing Supervisor | PID | SQ | Dist

20. ☐D1 ☐D3 ☐Persons ☐Vice ☐Auto Theft ☐Crime Analysis ☐HRS | Date
☐D2 ☐D4 ☐Property ☐Juvenile ☐White Collar ☐Reporting Officer ☐Other _____

21. ☐Active ☐Exceptionally Cleared ☐Death of Offender ☐Juvenile/No Custody ☐Direct File
☐Inactive ☐Cleared by Arrest ☐Extradition Declined ☐Victim/Witness Refused to Cooperate
☐Unfounded ☐Request for Prosecution ☐Prosecution Declined ☐Offender Charged with other Crimes

HCSO(ENF) 224 Rev. 12/97

HILLSBOROUGH COUNTY SHERIFF'S OFFICE
WITNESS-PROPERTY

Page 2 of _____

1. Case No.

	22. Name	Race	Sex	Age	DOB
	Residence			Res. Phone	
	Business			Bus. Phone	

☐Not at Home ☐See Narrative
☐No Further Information ☐Vacant
Additional Information

	23. Name	Race	Sex	Age	DOB
	Residence			Res. Phone	
	Business			Bus. Phone	

☐Not at Home ☐See Narrative
☐No Further Information ☐Vacant
Additional Information

	24. Name	Race	Sex	Age	DOB
	Residence			Res. Phone	
	Business			Bus. Phone	

☐Not at Home ☐See Narrative
☐No Further Information ☐Vacant
Additional Information

PROPERTY DESCRIPTION LIST: **FCIC/NCIC:** ☐**Checked** ☐**Entered** **OP No:**

Item #	Quantity	Description (Make, Model, Type, etc.)	Serial #	Value

☐See Attached Property Receipt, Page ____.
☐See Attached Property Continuation Sheet, Page ____.

TOTAL VALUE:

Reconstruction/Synopsis Fingerprints: ☐Dusted ☐Lifted ☐Unable (Explain)

HILLSBOROUGH COUNTY SHERIFF'S OFFICE
☐ Continuation ☐ Supplement

☐ Confidential
Page _____ of _____

1. Case No.

2. Type of Incident | 8. Grid | 5. Report Date | Time

7. Location of Incident Scene | Victim Name

#	Name	VRTO	Race	Sex	Age	DOB

FL RES ☐Full ☐Part ☐Non ☐N/A | Residence | INJ ☐ | Res. Phone
Business | Bus. Phone

Arrest Date - Time | Location of Arrest | Charges

#	Name	VRTO	Race	Sex	Age	DOB

FL RES ☐Full ☐Part ☐Non ☐N/A | Residence | INJ ☐ | Res. Phone
Business | Bus. Phone

Arrest Date - Time | Location of Arrest | Charges

Crime Scene / Narrative :

Reporting Officer | PID | SQ | Dist | Editing Supervisor | PID | SQ | Dist

20. ☐D1 ☐D3 ☐Persons ☐Vice ☐Auto Theft ☐Crime Analysis ☐HRS
☐D2 ☐D4 ☐Property ☐Juvenile ☐White Collar ☐Reporting Officer ☐Other _____ | Date

21. ☐Active ☐Exceptionally Cleared ☐Death of Offender ☐Juvenile/No Custody ☐Direct File
☐Inactive ☐Cleared by Arrest ☐Extradition Declined ☐Victim/Witness Refused to Cooperate
☐Unfounded ☐Request for Prosecution ☐Prosecution Declined ☐Offender Charged with other Crimes

HCSO(ENF) 238 Rev. 9/96

HILLSBOROUGH COUNTY SHERIFF'S OFFICE
Narrative

☐ **Confidential**
Page _____ of _____

1. Case No.

☐ Property Continuation

Item #	Quantity	Description (Make, Model, Type, etc.)	Serial #	Value

HILLSBOROUGH COUNTY SHERIFF'S OFFICE

STATEMENT

☐ **Confidential**

Page _____ of _____

1. Case No.

Name of Person giving Statement: ☐ Witness ☐ Defendent	Race	Sex	Age	DOB

Location at which Statement is taken:

01	
02	
03	
04	
05	
06	
07	
08	
09	
10	
11	
12	
13	
14	
15	
16	
17	
18	
19	
20	

Signed this _____ Day of _____ 20 _____, at _____ hours

Subject: _____ Witness: _____

Deputy: _____ Witness: _____

HCSO(ENF) 249 Rev. 1/00

HILLSBOROUGH COUNTY SHERIFF'S OFFICE
INCIDENT REPORT

PAGE 1 OF ____

1. Case No.	Event No.

2. Type of Incident ☐Comm ☐Att ☒N/A ☐DV — SIG CODE — 3. Statute No.

Assist Other Agency-Arrest

4. Incident Date Time To: Date Time — 5. Report Date Time — 6. Other Case No. Agency

7. Location of Incident Scene — 8. Grid — 9. # Off — ☐Gang ☐Juvenile

10. Location Type

01-Residence-Single
02-Apartment/Condo
03-Residence-Other
04-Hotel/Motel
05-Convenience Store
06-Gas Station
07-Liquor Store
08-Bar/Night Club
09-Supermarket
10-Dept/Discount Store
11-Speciality Store
12-Drug Store/Hospital
13-Bank/Financial Inst.
14-Commercial/Office Bldg.
15-Industrial/Mfg.
16-Storage
17-Govt/Public Bldg.
18-School/University
19-Jail/Prison
20-Religious Bldg.
21-Airport
22-Bus/Rail Terminal
23-Construction Site
24-Other Structure
25-Parking Lot/Garage
26-Highway/Roadway
27-Park/Woodlands/Field
28-Lake/Waterway
29-Motor Vehicle
30-Other Mobile
99-Other

11. Type of Weapon

00-N/A
01-Handgun
02-Rifle
03-Shotgun
04-Firearm
05-Knife/Cutting Instrument
06-Blunt Object
07-Hands/Fists/Feet
08-Poison
09-Explosives
10-Fire/Incendiary
11-Threat/Intimidation
12-Simulated Weapon
13-Drugs
88-Unknown
99-Other

12. Drug Type

A-Amphetamine
B-Barbiturate
C-Cocaine
E-Heroin
H-Hallucinogen
M-Marijuana
O-Opium//Derivative
P-Paraphernalia
S-Synthetic
U-Unknown
Z-Other

V/W Code

VI-Victim
CP-Complainant
SB-Sexual Battery Victim
MA-Missing Adult
MC-Missing Child
DC-Dependent Child
WI-Witness
NS-Neighborhood Survey
FI-Further Information
SP-Suspect
AR-Arrested
JV-Juvenile
OW-Owner
OT-Other
AS-Associate

VICTIM'S RELATIONSHIP TO OFFENDER: (VRTO)

01-N/A
02-Undetermined
03-Spouse
04-Ex-Spouse
05-Co-Inhabitant
06-Parent
07-Brother/Sister
08-Child
09-Step-Parent
10-Step-Child
11-In-Law
12-Other Family
13-Student
14-Teacher
15-Child of Boyfriend/Girlfriend
16-Boyfriend/Girlfriend
17-Friend
18-Neighbor
19-Sitter/Daycare Center
20-Employee
21-Employer
22-Landlord/Tennant
23-Acquaintance
99-Other

☐VI ☒CP — **13. Name** — VRTO — Race — Sex — Age — DOB

Residence — INJ ☐ — Res. Phone

FL RES ☐Full ☐Part ☐Non ☐N/A — Business — Bus. Phone

14. Name — VRTO — Race — Sex — Age — DOB

Residence — INJ ☐ — Res. Phone

FL RES ☐Full ☐Part ☐Non ☐N/A — Business — Bus. Phone

AR — **15. Name** — VRTO — Race — Sex — Age — DOB

Residence — INJ ☐ — Res. Phone

FL RES ☐Full ☐Part ☐Non ☐N/A — Business — Bus. Phone

Arrest Date -Time: Same as #5 — Location of Arrest: Same as #7 — Charges

16. Name — VRTO — Race — Sex — Age — DOB

Residence — INJ ☐ — Res. Phone

FL RES ☐Full ☐Part ☐Non ☐N/A — Business — Bus. Phone

Arrest Date -Time — Location of Arrest — Charges

Reporting Officer — PID — SQ — Dist — Editing Supervisor — PID — SQ — Dist

20. ☐D1 ☐D3 ☐Persons ☐Vice ☐Auto Theft ☐Crime Analysis ☐HRS
☐D2 ☐D4- ☐Property ☐Juvenile ☐White Collar ☐Reporting Officer ☐Other _____ — Date

21. ☐Active ☐Exceptionally Cleared ☐Death of Offender ☐Juvenile/No Custody ☐Direct File
☐Inactive ☐Cleared by Arrest ☐Extradition Declined ☐Victim/Witness Refused to Cooperate
☐Unfounded ☐Request for Prosecution ☐Prosecution Declined ☐Offender Charged with other Crimes

HCSO(ENF) 280 Rev. 12/97

HILLSBOROUGH COUNTY SHERIFF'S OFFICE **WITNESS-PROPERTY**	Page 2 of _____	**1. Case No.**

Synopsis

On the above date and time the defendant was charged at the incident scene.

the defendant was charged with:

Teletype / Capias / Warrant Number:

Booking Number:

Further Information:

Evidence Report

REQUEST FOR EVIDENCE PROCESSING

CASE# _____

REQUESTED BY _____ PID# _____ DATE _____

EXTENSION _____ DIST. DIV. _____

VICTIMS NAME _____

ADDRESS OF OCCURANCE _____

TYPE OF PROCESSING REQUESTED
(PRINTS, HAIR, FIBERS,ETC.) _____

INVENTORY# _____ ITEM # _____

INVENTORY# _____ ITEM # _____

INVENTORY# _____ ITEM # _____

INVENTORY# _____ ITEM # _____

FOR CRIME SCENE USE ONLY

POSITIVE ____
NEGATIVE ____

DATE RECEIVED _____

DATE COMPLETED _____

PROCESSED BY _____
PID# _____

HCSO(SOD) 239 6/96

NOTE: **PLEASE USE ONLY ONE FORM PER CASE NUMBER**

HILLSBOROUGH COUNTY SHERIFF'S OFFICE

PROPERTY RECEIPT

☐ Confidential

PAGE ____ OF ____

Case Number	Event Number

Type of Incident

Type of Property (Check One)
☐Lost/Found/Abandoned Property
☐Evidence/Safekeeping ☐Homicide
☐Vehicle Impound ☐Seizure/Forfeiture

Evidence Use Only

Exact location where property was impounded

Impound Date | Time | Inventory Number

#	☐Reported By ☐Discovered By ☐Owner ☐Other...	Race	Sex	Age	DOB
Residence				Residence Phone	

#	☐Reported By ☐Discovered By ☐Owner ☐Other...	Race	Sex	Age	DOB
Residence				Residence Phone	

Evidence Use Only	Item #	Qty/Wgt	Description (Make, Model, Serial#, etc.) Complete Reverse For Firearms, Bicycles, and Vehicles)

Citizen Use

☐ *Int* I hereby acknowledge that the above list represents all the property taken from my possession and that I have received a copy of this receipt.

Print Name Date

☐ *Int* The property turned in by me to the Sheriff is not mine and I claim no interest in it.

Signature

Impounding Officer (Print Name)	PID/SQD/DIST	Signature	Date

Item #	Received By	PID		Purpose	Received Date/Time
			☐ Sealed ☐ Open		
			☐ Sealed ☐ Open		
			☐ Sealed ☐ Open		

HCSO(ENF) 248 Rev. 9/00

PROPERTY RECEIPT CONTINUATION

PAGE ____ OF ____

Item #	Received By	PID		Purpose	Received Date/Time
			☐ Sealed ☐ Open		
			☐ Sealed ☐ Open		
			☐ Sealed ☐ Open		
			☐ Sealed ☐ Open		
			☐ Sealed ☐ Open		
			☐ Sealed ☐ Open		

FIREARMS IMPOUND SECTION

Court Order Required? ☐ Yes ☐ No

#	Make	Type	Model #	Caliber Guage	Mag/Cyl Capacity	Barrel Length
Finish		Serial #	Action Type	Other ID Marks		

N.I.B.I.N.: (Check One) ☐ DO NOT process ☐ Process immediately ☐ Process after being processed for: _____

#	Make	Type	Model #	Caliber Guage	Mag/Cyl Capacity	Barrel Length
Finish		Serial #	Action Type	Other ID Marks		

N.I.B.I.N.: (Check One) ☐ DO NOT process ☐ Process immediately ☐ Process after being processed for: _____

#	Make	Type	Model #	Caliber Guage	Mag/Cyl Capacity	Barrel Length
Finish		Serial #	Action Type	Other ID Marks		

N.I.B.I.N.: (Check One) ☐ DO NOT process ☐ Process immediately ☐ Process after being processed for: _____

#	Make	Type	Model #	Caliber Guage	Mag/Cyl Capacity	Barrel Length
Finish		Serial #	Action Type	Other ID Marks		

N.I.B.I.N.: (Check One) ☐ DO NOT process ☐ Process immediately ☐ Process after being processed for: _____

#	Make	Type	Model #	Caliber Guage	Mag/Cyl Capacity	Barrel Length
Finish		Serial #	Action Type	Other ID Marks		

N.I.B.I.N.: (Check One) ☐ DO NOT process ☐ Process immediately ☐ Process after being processed for: _____

BICYCLE INFORMATION

Make	Size	Color	Male / Female	Serial Number
Make	Size	Color	Male/Female	Serial Number
Make	Size	Color	Male/Female	Serial Number

VEHICLE INFORMATION

Year	Make	Model	Style	License	State
Color	VIN			Damage	
Year	Make	Model	Style	License	State
Color	VIN			Damage	

HILLSBOROUGH COUNTY SHERIFF'S OFFICE

PROPERTY RECEIPT

PAGE ____ OF ____

1. Case No.

Type of Incident

Type of Property (Check One)
☐ Lost ☐ Safekeeping
☐ Abandoned ☐ Evidence

Evidence Use Only

Chain of Custody Report

Inventory Number

Item #	Received By	PID		Purpose	Received Date - Time
			☐ Sealed ☐ Open		
			☐ Sealed ☐ Open		
			☐ Sealed ☐ Open		
			☐ Sealed ☐ Open		
			☐ Sealed ☐ Open		
			☐ Sealed ☐ Open		
			☐ Sealed ☐ Open		
			☐ Sealed ☐ Open		
			☐ Sealed ☐ Open		
			☐ Sealed ☐ Open		
			☐ Sealed ☐ Open		
			☐ Sealed ☐ Open		
			☐ Sealed ☐ Open		
			☐ Sealed ☐ Open		
			☐ Sealed ☐ Open		
			☐ Sealed ☐ Open		
			☐ Sealed ☐ Open		
			☐ Sealed ☐ Open		
			☐ Sealed ☐ Open		
			☐ Sealed ☐ Open		
			☐ Sealed ☐ Open		
			☐ Sealed ☐ Open		
			☐ Sealed ☐ Open		
			☐ Sealed ☐ Open		
			☐ Sealed ☐ Open		

SO(ENF) 234 (6/94)

HILLSBOROUGH COUNTY SHERIFF'S OFFICE

CASH PROPERTY RECEIPT

☐ **Confidential**

PAGE _____ OF _____

Case Number	**Event Number**

Type of Incident

Evidence Use Only | Item #

Type of Property (Check One)

☐ Lost/Found/Abandoned Property
☐ Evidence ☐ Safekeeping
☐ Seizure/Forfeiture

☐ Requires Processing
☐ "Buy" Money
☐ Bait Money
☐ Other _____

Batch # _____

☐ Collectable
☐ Foreign
☐ Counterfeit

Special Instructions:

Authorized By (Supervisor Name/PID):

Exact location where property was impounded

Impound Date | Time | Inventory Number

#	☐ Reported By ☐ Suspect ☐ Victim ☐ Owner ☐ Other _____	Race	Sex	Age	DOB

Residence | Residence Phone

QTY	CURRENCY	QTY	COIN
_____	X One Dollar Bills ($1) . . . . . = $_____	_____	X Pennies ($.01) . . . . . = $_____
_____	X Five Dollar Bills ($5) . . . . . = $_____	_____	X Nickels ($.05) . . . . . = $_____
_____	X Ten Dollar Bills ($10) . . . . . = $_____	_____	X Dimes ($.10) . . . . . = $_____
_____	X Twenty Dollar Bills ($20) . . = $_____	_____	X Quarters ($.25) . . . . . = $_____
_____	X Fifty Dollars Bills ($50) . . . = $_____	_____	X Half Dollars ($.50) . . . = $_____
_____	X One Hundred Dollars ($100) = $_____	_____	X One Dollars ($1) . . . . = $_____
_____	X Other:_____ = $_____	_____	X Other:_____ = $_____
	SUBTOTAL . . . . . $_____		**SUBTOTAL** . . . . . $_____

CJESB Control # _____ **GRAND TOTAL OF BAG** $_____

I hereby acknowledge that the above list represents currency taken from my possession and that I have received a copy of this receipt.

Seized money not claimed within 60 days of final court disposition shall be forfeited per FSS 705.105.

Print Name

Signature | Date

Impounding Deputy (Print Name)	PID/DIST/SQD	Signature	Date
* Witness Deputy/Supervisor (Print Name)	PID/DIST/SQD	Signature	Date
Evidence Technician (Print Name)	PID	Signature	Date

Item #	Received By	PID		Purpose	Received Date/Time
			☐ Sealed ☐ Open		
			☐ Sealed ☐ Open		
			☐ Sealed ☐ Open		
			☐ Sealed ☐ Open		

*** Supervisor if $500.00 or more. Deputy/Detective if less than $500.00.**

White Copy - Evidence Control Section Yellow Copy - Report Copy Pink Copy - Subject's Copy

HCSO(ENF) 299 Rev. 10/01

Hillsborough County Sheriff's Office
EVIDENCE CHECK OUT REQUEST

I hereby request the Evidence Control Section to provide me with the following evidence/property:

Case Number _____

Inventory #	Item #	Description

(Use revese side for additional items)

Purpose: ☐ Court (Subpoena must be presented) ☐ Investigation
☐ Testing (FDLE) ☐ Return to Owner
☐ Other: _____

Impounding Deputy: _____ **PID:** _____

Requesting Deputy: _____ **PID:** _____
(Print Name)

Deputy Signature: _____ **Date:** _____

Supervisor: _____ **PID:** _____
(Sergeant or above) (Print Name)

Supervisor Signature: _____ **Date:** _____

**This form must be provided to the Evidence Control Section in order for any evidence or property to be checked out to you. Evidence for court shall not be checked out until the day of the court appearance. Unless evidence is retained by the court, it shall be returned to the Evidence Control Section the same day.

HCSO(GEN) 513 (7/01)

PROPERTY RELEASE CONTROL FORM

Date _____ **Case/Offense Report #** _____

OPTION 1 – RELEASE OF PROPERTY

Release/Transfer To: Name: _____
Agency (If Applicable): _____
Address: _____
City: _____ State: _____ Zip: _____

Recipient Contacted? ____ Yes ____ No (Hours of Operation: Mon. - Fri., 0800 - 1700)

PROPERTY TO BE RELEASED (BE SPECIFIC – Inventory #, Item #, Description)

_____
_____
_____

***IF THE ABOVE LISTED ITEM IS A FIREARM, THE FOLLOWING MUST BE COMPLETED:**

A Criminal History Check Was Completed On: _____ (Date/Time)
Court Order Required? ____ Yes ____ No
I Have Verified That the Owner Is **Not** a Convicted Felon (Initials/PID _____)

OPTION 2 – DISPOSE OF PROPERTY/EVIDENCE (Note: All evidence/property will be disposed of according to Florida State Statute and Sheriff's Office SOP. It will not be returned.)

- ❑ Not Needed
- ❑ Unable to Contact or Determine Owner
- ❑ Destroy at Owner's Request

PROPERTY TO BE DISPOSED (BE SPECIFIC – Inventory #, Item #, Description)

_____
_____
_____

OPTION 3 – RETAINING OF PROPERTY/EVIDENCE

❑ Retain Property for Future Reference
Reason (Required) _____
_____

❑ Retain for Case File.

Please refer to the back side of form for additional information/requirements.

DEPUTY SIGNATURE: _____ **PID:** _____ **DATE:** _____

APPROVED BY: _____ **PID:** _____ **DATE:** _____
(Corporal or Above)

EVIDENCE USE ONLY **DCL SENT:** _____ **(Date, Initials, PID)**

HCSO(ENF) 277 Rev. 6/01

FDLE

Florida Department of Law Enforcement

REQUEST FOR EXAMINATION OF PHYSICAL EVIDENCE

Is this a first submission? YES O NO O

If NO, Enter the FDLE Lab Case # _____

SUBMITTING AGENCY, ADDRESS:

Phone ( )

Report to:

COUNTY OF OFFENSE

OFFENSE

OFFENSE DATE

AGENCY CASE #

FDLE Crime Laboratory Use Only

Do Not Write In This Space

FDLE Crime Laboratory Use Only

O O O O O O O O O O O O O

C T L D S F M P O B H CER GSR

(Initials) Delivered Via: Received By:

Transfer Via: Date: Received By:

PLEASE TYPE THIS FORM

Use the remaining space and additional sheets for (1) listing and describing items to be examined (2) analysis requested, and (3) summary of case.

Victims: Ln.FN.Mi 1. 2. 3.

Subjects: Ln.FN.Mi 1. 2. 3. 4. 5.

Containers received:

FLORIDA DEPARTMENT OF LAW ENFORCEMENT
TOXICOLOGY SERVICES-TRAFFIC OFFENSE/DUI CASES
WORK REQUEST FORM

HCSO CASE #: _____

I. Name of Subject: _____ Age_____ Sex_____ Ht _____ Wt_____

II. Type of Incident: ☐Crash ☐Felony DUI ☐Misdemeanor DUI ☐Traffic Stop ☐Fatality ☐Serious Bodily Injury (Other than driver) ☐Other:_____

III. Drug Use History (list any drugs, medications or prescriptions the subject may have taken)

IV Breath Test Results: _____
Medical alcohol/drug test results: _____

IV. Samples Submitted: ☐Blood ☐Urine

V. Tests Required: ☐Blood Alcohol (not available from urine samples)
☐Drug Testing: (FS 893) ☐Only if BAC < 0.08
☐Amphetamines ☐Barbiturates ☐Benzodiazepines ☐Cocaine ☐Other:_____
☐Cannabinoids ☐Methadone ☐Opiates ☐Phencyclidine

VII. Signs of Impairment Observed:

Officer's Signature/PID: _____ Date_____

Persons Report

HILLSBOROUGH COUNTY SHERIFF'S OFFICE
PERSONS REPORT

☐ **Confidential**
PAGE ___ OF ___

1. Case No.

7. Location of Incident Scene | 8. Grid | 5. Report Date Time

☐ FIR ☐ SUSPECT ☐ ARRESTED ☐ AT LARGE ☐ WARRANT ISSUED ☐ MISSING ☐ RUNAWAY

#	Name	VRTO	Race	Sex	Age	DOB

Residence | INJ ☐ | Res. Phone

Business/School | Bus. Phone

Arrest Date-Time | Location of Arrest | Charges

Alias/AKA/Maiden Name/Nickname | Social Security Number | DL Number | State

City, County, State of Birth | Nationality | Occupation

Height | Weight | Hair Color | Eye Color | Glasses ☐ Yes ☐ No | Type

Build ☐ Thin ☐ Fat ☐ Pot Belly ☐ Medium ☐ Muscular ☐ Unknown

Disguise ☐ None ☐ Fake Beard ☐ Stocking Mask ☐ Ski Mask ☐ Wig ☐ Fake Mustache

Complexion ☐ Fair ☐ Dark ☐ Ruddy ☐ Acne ☐ Unknown ☐ Medium ☐ Tan ☐ Freckled ☐ Pockmarked

Hand Used ☐ Right ☐ Left ☐ Unknown

Hair Length ☐ Short ☐ On Ear ☐ On Collar ☐ On Shoulder ☐ Below Shoulder ☐ Unknown

Hair Style ☐ Bald ☐ Receding ☐ Curly ☐ Streaked ☐ Processed ☐ Crew Cut ☐ Thin ☐ Wavy ☐ Straight ☐ Plaited ☐ Afro ☐ Unknown

Teeth ☐ Normal ☐ Braces ☐ Broken ☐ Decayed ☐ Gold Capped ☐ Missing ☐ Protruding ☐ Unknown

Clothing

Facial Hair ☐ Side Burns ☐ Goatee ☐ Full Beard ☐ Mustache ☐ Stubble ☐ Unknown

Scars\Tattoos (Exact location & Description) ☐ Photo

Associates/In company of:

Weapon Type ☐ Used ☐ Seized ☐ N/A

Direction of Travel/Destination ☐ Foot ☐ Boat ☐ Vehicle ☐ Bicycle ☐ Motorcycle

Vehicle Information ☐ Driver ☐ Passenger ☐ Owner

Year | Make | Model | Style | Color Top/Bottom

VIN | License | State | Other

Comments:

Missing Person Data ☐ Adult ☐ Juvenile ☐ Runaway ☐ Endangered (Explain) ☐ Foul Play

Last Seen Date Time | Location | ☐ Entered FCIC ☐ Not Entered ☐ Entered NCIC Opr #:

Missing Before - Location Found ☐ Yes ☐ No | ID Carried ☐ Yes ☐ No | Property/Jewelry

Fingerprints - Where on File ☐ Yes ☐ No | Photo Attached - Where on File ☐ Yes ☐ No

Dental Records - Dentist/Address ☐ Yes ☐ No | X-Rays - Location ☐ Yes ☐ No

Doctor/Address | Medication | Blood Type

I certify that the above named subject has been missing since the above listed date and time. I give my permission to release dental records or any other medical records on the above named missing person. I further agree to notify the Hillsborough County Sheriff's Office upon receiving any information concerning the above named missing person.

Complainant: _____ ☐ Parent ☐ Legal Guardian ☐ Other... ☐ Family Member ☐ Physician

Reporting Officer | PID | SQ | Dist | Copy To:

Rev 4/94

Hillsborough County Sheriff's Office
Domestic Violence Information

Page ___of ___

Case Number

Type of Incident ☐ **Felony** ☐ **Misdmeanor**

Report Date **Time**

A# ____ ☐ **Victim** ☐ **Suspect** ☐ **Arrested** ☐ **Direct File** ☐ **Probable Cause Pick-up** ☐ **Not Present**
☐ Angry ☐ Calm ☐ Fearful ☐ Threatening ☐ Alcohol Consumed ☐ Other...
☐ Apologetic ☐ Crying ☐ Nervous ☐ Uncooperative ☐ Pregnant (Explain)

Injury ☐ 1 Abrasion ☐ 3 Laceration ☐ 5 Compound Fracture ☐ None
☐ 2 Contusion ☐ 4 Simple Fracture ☐ 6 Complaint of Injury ☐ Other ____

Medical Treatment ☐ Not Needed ☐ Personal Physician ☐ Hospital
☐ Refused ☐ Paramedics

EMS Unit:

Hospital ☐ Brandon ☐ St. Josephs ☐ Tampa General ☐ UCH Carrollwood ☐ Other
☐ South Florida Baptist ☐ South Bay ☐ Town & Country ☐ UCH ____

Statement ☐ Written ☐ Recorded ☐ Admitted Offense ☐ Unable
☐ Oral ☐ Refused ☐ Prior Domestic Violence **Miranda By:** ____

B# ____ ☐ **Victim** ☐ **Suspect** ☐ **Arrested** ☐ **Direct File** ☐ **Probable Cause Pick-up** ☐ **Not Present**
☐ Angry ☐ Calm ☐ Fearful ☐ Threatening ☐ Alcohol Consumed ☐ Other...
☐ Apologetic ☐ Crying ☐ Nervous ☐ Uncooperative ☐ Pregnant (Explain)

Injury ☐ 1 Abrasion ☐ 3 Laceration ☐ 5 Compound Fracture ☐ None
☐ 2 Contusion ☐ 4 Simple Fracture ☐ 6 Complaint of Injury ☐ Other ____

Medical Treatment ☐ Not Needed ☐ Personal Physician ☐ Hospital
☐ Refused ☐ Paramedics

EMS Unit:

Hospital ☐ Brandon ☐ St. Josephs ☐ Tampa General ☐ UCH Carrollwood ☐ Other
☐ South Florida Baptist ☐ South Bay ☐ Town & Country ☐ UCH ____

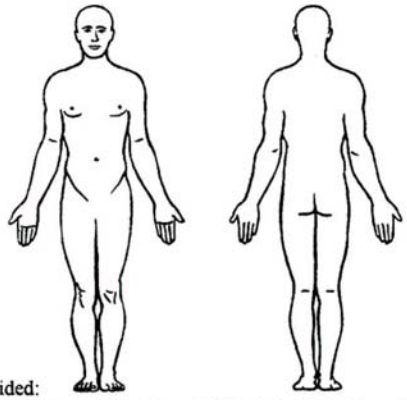
Statement ☐ Written ☐ Recorded ☐ Admitted Offense ☐ Unable
☐ Oral ☐ Refused ☐ Prior Domestic Violence **Miranda By:** ____

Injunction ☐ Temporary ☐ Current ☐ Expired ☐ Permanent ☐ Unserved ☐ Verified	HCSO Op No.	Issuing Judge	Case No.	Injunction Date

Children ☐ Present ☐ Oral Statement ☐ Written Statement

Photographs ☐ Victim ☐ Weapon(s) ☐ Suspect ☐ Scene **Taken By:** ____

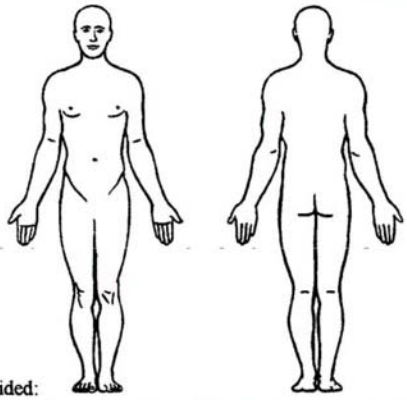
A ☐ Male ☐ Female Height ____ Weight ____



Provided:
☐ HCSO Report Number ☐ Victim's Rights Pamphlet

Other Address ____

B ☐ Male ☐ Female Height ____ Weight ____



Provided:
☐ HCSO Report Number ☐ Victim's Rights Pamphlet

Other Address ____

Officer Completing Form Name/PID

Incident Reported By: ____
Via ☐ 911 ☐ Non-Emergency ☐ On-View

HCSO(ENF) 206 Rev. 1/96

HILLSBOROUGH COUNTY SHERIFF'S OFFICE

WAIVERS/AFFIDAVITS

Page _____ Of _____

1. Case No.

2. Type Of Incident

I, (Name of person Signing): _____ the undersigned

[ ] REQUEST FOR NON-LAW ENFORCEMENT ASSISTANCE

I, [int _____], hereby request assistance from a Deputy Sheriff in a matter not related to law enforcement activity. I understand that said Deputy Sheriff is not a qualified service technician. I will not hold the Hillsborough County Sheriff's Office responsible for any damage arising out of the assistance provided. I am the owner, or I am authorized to act in behalf of the owner, of the vehicle or property for which I am requesting assistance.

[ ] CONSENT TO BE INTERVIEWED

I, [int _____], do hereby consent to being interviewed by the below listed Hillsborough County Sheriff's Office Law Enforcement Official concerning the above listed incident/offense and I further understand that:

1) I have the right to remain silent and can invoke this right at any time during questioning;

2) If I do make a statement, it can and will be used against me in a court of law;

3) I have the right to the presence of an attorney during questioning;

4) If I cannot afford an attorney, one will be appointed to me without charge before any questioning if that is my desire;

5) If I wish to make any statement, I may invoke my right to an attorney or to remain silent at any time during the questioning.

I understand these rights and no one has threatened, coerced or promised me anything in order to induce me to make a statement. I presently wish to make a statement and/or answer questions without an attorney being present.

[ ] CONSENT TO SEARCH/WAIVER OF SEARCH WARRANT

I, [int _____], do hereby consent that the premises/vehicle located at _____ may be searched by any Hillsborough County Sheriff's Office Law Enforcement Official. This consent extends to the main building and any enclosures found on the property. I further agree that anything or any article that may be found in the search of the premises/vehicle may be used at trial in any manner of which I may stand accused. I fully understand my constitutional rights in regard to the search and it is my intention to fully and completely waive such rights by this consent. I give this consent freely and voluntarily, without compulsion or threat of any kind.

[ ] WAIVER OF PROSECUTION

I, [int _____], request not to prosecute _____ by the HILLSBOROUGH COUNTY SHERIFF'S OFFICE regarding my complaint. I am satisfied with the manner in which the investigation was conducted and release the Sheriff's Office of any responsibility regarding this complaint.

I request that any further investigation not be pursued.

Signed this _____ Day of _____ 20____, at _____ hours

Subject: _____ Witness: _____

Deputy: _____ Witness: _____

HILLSBOROUGH COUNTY SHERIFF'S OFFICE

WAIVERS/AFFIDAVITS

Page _____ Of _____

1. Case No.

2. Type Of Incident:

I, (Name of person Signing): _____ the undersigned

[ ] MISSING PERSON/JUVENILE RUNAWAY AFFIDAVIT

I, [int], certify that _____ has been missing since _____.

I am the: [ ]Parent [ ]Family Member [ ]Legal Guardian
[ ]Physician and/or other authoritative source of the above person.

The above listed person is missing due to: [ ]Runaway [ ]Unknown Circumstance [ ]Physical/Mental Disability

I give my permission to release dental records or any other medical records on the above missing person. I further agree to notify the Hillsborough County Sheriff's Office immediately upon receiving any information concerning the above named missing person.

[ ] MOTOR VEHICLE THEFT AFFIDAVIT

I, [int], report the theft of my motor vehicle as described in the above referenced report. I hereby agree to: notify the Hillsborough County Sheriff's Office should this vehicle be recovered by any other agency or person; pay for any wrecker or storage charges which may be incurred upon recovery of this vehicle; prosecute the person charged with the above theft and testify against this person in court; and assume all responsibility for any consequences which may result from my failure to comply with these agreements.

[ ] VEHICLE LOSS OR DAMAGE RELEASE AFFIDAVIT

I, [int], give my permission inlieu of impounding by the Hillsborough County Sheriff's Office for the

Year	Make	Model	Style
Color Top/Bottom State	Vehicle Identification Number (VIN)	License	

that I have been operating to
[ ]remain at:
[ ]be released to: _____.

This decision was made by me after the deputy listed below explained the possibility of damage or loss. Being aware of this by affixing my signature to this form, I release and hold harmless the Sheriff of Hillsborough County of any and all responsibility for damage or loss which may occur as a result of the release of this vehicle as aforesaid.

[ ] FALSE INFORMATION AFFIDAVIT

I, [int], certify that the statements made to the below listed Hillsborough County Sheriff's Office Law Enforcement Official concerning the above listed incident/offense were voluntarily made. I further certify that I am aware of the following statute and penalties as provided by Florida State Statutes 837.05, 775.082, and 775.083, to wit: WHOEVER KNOWINGLY GIVES FALSE INFORMATION TO ANY LAW ENFORCEMENT OFFICER CONCERNING THE ALLEGED COMMISSION OF ANY CRIME IS GUILTY OF A MISDEMEANOR OF THE FIRST DEGREE, punishable by a definite term of imprisonment not exceeding one year and/or a fine not exceeding $1,000.00.

[ ] BLOODBORNE PATHOGEN WARNING

I, [int], _____, do certify that I have been duly warned that the property being released to me

_____
(Describe - Residence, Vehicle, Personal Items)

is blood stained, thereby posing risk of serious infection or death; and further, that I have been directed to contact the Hillsborough County Health Department, Environmental Health Unit, at 272-6200, for further information. Being aware of this by affixing my signature to this form, I release and hold harmless the Sheriff of Hillsborough County of any and all responsibility for any injury which may occur as a result of the release of this property.

Signed this _____ Day of _____ 20____, at _____ hours

Subject: _____ Witness: _____

Deputy: _____ Witness: _____

HCSO(ENF) 240 Rev.1/00

Use Ballpoint Pen
Press Firmly

453387

CRIMINAL REPORT AFFIDAVIT / NOTICE TO APPEAR

GRID # _____

ADMINISTRATION

COURT CASE / J.F. ID # _____ SAO # _____ OBTS # _____

AGENCY REPORT # _____ AGENCY NAME _____ ORI. # _____

LOCATION OF OFFENSE _____ DATE OF OFFENSE _____ TIME OF OFFENSE _____

WITHIN:
TAMPA ☐ PLANT CITY ☐ TEMPLE TERRACE ☐ UNINCORPORATED AREA ☐

COURT:
TAMPA COURT ☐ PLANT CITY CT ☐

LOCATION OF ARREST _____ DATE OF ARREST _____ TIME OF ARREST _____

BOOKING # _____ SOID # _____ WEAPON TYPE _____ WEAPON SEIZED Yes ☐ No ☐

ARREST
☐ Probable Cause ☐ Adult
☐ Capias ☐ Juvenile
☐ Fugitive Warrant ☐ Delinquency
☐ VOP ☐ Dependency
☐ Warrant ☐ Felony
☐ Juvenile Pickup ☐ Misdemeanor
☐ Traffic MISD

REQUEST FOR:
☐ Traffic FEL
☐ Capias ☐ Ordinance
☐ Warrant ☐ Pickup
☐ Summons ☐ Other
☐ Juvenile Pickup

NOTICE TO APPEAR:
☐ Arresting officer
☐ Booking supervising officer

DEFENDANT/DEPENDENT

NAME _____ ALIAS _____
Last First Middle

RACE: W-White I-American Indian/Alaskan Native HW-Hispanic White HB-Hispanic Black B-Black O-Oriental/Asian

COMPLEXION _____ BUILD _____
HEIGHT _____ WEIGHT _____

Race _____ SEX _____ D.O.B. _____ (MO / DAY / YEAR) APPROXIMATE AGE

COLOR: EYES _____ HAIR _____

LOCAL ADDRESS (Street, Apt. #, City, State, Zip) _____ Ph #: _____

Permanent Address (Street, Apt. #, City, State, Zip) _____ Ph #: _____

Business Address (Street, Apt. #, City, State, Zip) _____ Ph #: _____

Driver's License No. _____ State _____ SS # _____--_____--_____ PLACE OF BIRTH _____ DOC # _____

Gang Member: Yes ☐ No ☐ Gang Name _____

SCARS, MARKS, TATOOS, UNIQUE FEATURES (Loc., Type, Desc.) _____

IF JUVENILE:

School Name _____

Mother/Guardian _____ Address: _____ Ph #: _____

Father/Guardian _____ Address: _____ Ph #: _____

Released To: JAC ☐ Parent ☐ Guardian ☐ Other Relationship ☐ _____ ☐ Other _____

CO-DEFENDANT(S)

Co-Defendant (Last, First, Middle) _____ Sex: ____ Race: ____ DOB _____
Arrested ☐ At Large ☐ Capias/Warrant Requested ☐ Felony ☐ Misdemeanor ☐ Juvenile ☐

Co-Defendant (Last, First, Middle) _____ Sex: ____ Race: ____ DOB _____
Arrested ☐ At Large ☐ Capias/Warrant Requested ☐ Felony ☐ Misdemeanor ☐ Juvenile ☐

CHARGE(S)

STATUTE (subsec.) / ORD #	DV	CHARGE STATUS	BOND SET	CHARGE	TRAFFIC CITATION #	DRUG ACT/TYPE

CHARGE STATUS: F-Felony M-Misdemeanor T-Traffic O-Ordinance FT-Felony Traffic
ACTIVITY: N-N/A P-Possess S-Sell B-Buy T-Traffic R-Smuggle D-Deliver E-Use K-Dispense/Distribute M-Manufacture/Produce/Cultivate Z-Other
TYPE: N-N/A A-Amphetamine B-Barbiturate C-Cocaine E-Heroin H-Hallucinogen M-Marijuana O-Opium/Deriv. P-Paraphernalia/Equipment S-Synthetic U-Unknown Z-Other

EVIDENCE LIST

A LIST OF TANGIBLE EVIDENCE (If none, write "None") **(Evidence List must be provided for all NOTICES TO APPEAR)**

DESCRIPTION/AMOUNT PER UNIT	RECOVERED BY	GIVEN TO	PRESENT LOCATION

NOTICE TO APPEAR

Mandatory Appearance in Court ☐ You need not appear in Court, but must comply with instructions on Reverse Side. ☐

COURT INFORMATION: You must appear in County Court at the:

COURTHOUSE TOWER ANNEX, 801 E. TWIGGS STREET ☐
(Corner of Jefferson & Twiggs Street), TAMPA, FLORIDA 33602

COUNTY OFFICE BUILDING, MICHIGAN & REYNOLDS STREET ☐
PLANT CITY, FLORIDA 33566

Division _____ COURTROOM # _____ ON _____, 20____, AT _____ a.m. ☐ p.m. ☐

I agree to appear at the time and place designated above to answer for the offense(s) charged or to pay the fine subscribed. I understand that if I willfully fail to appear before the Court as required by the Notice to Appear, I may be held in contempt of Court and a warrant for my arrest shall be issued. You may also be charged with the crime of Failure to Appear, F.S. 843.15. I certify that my address as listed above is correct and I further understand that I have a continuing duty to advise the Court of any changes in my address as set forth above.

Signature of Defendant/Juvenile _____ Parent or Guardian (If Juvenile) _____

White - Clerk of Court **Green** - State Attorney **Canary** - Arresting Agency **Pink** - Central Booking/Detention Center **Goldenrod** - Defendant

REPORT # _____ AGENCY NAME _____

453387

AGENCY NAME _____ REPORT # _____

PROBABLE CAUSE STATEMENT

AGENCY REPORT # _____ AGENCY NAME _____

State facts to establish probable cause that a crime was committed by the defendant or that the child is dependent _____

Judgement requested against defendant for agency investigative cost per Florida Statute 938.27: $ _____

OFFICER _____

I.D. # _____ Dist. & Squad _____

(Please Print The Above Information)

SWORN TO AND SUBSCRIBED BEFORE ME THIS

_____ DAY OF _____, 20 _____

NAME/Title of Person Authorized to Administer Oath

POLICE REPORT WRITTEN: Yes ☐ No ☐

OFFICER _____ I.D. # _____ Dist. & Squad _____

I SWEAR THAT THE ABOVE STATEMENTS ARE CORRECT TO THE BEST OF MY KNOWLEDGE. FOR NOTICES TO APPEAR, I ALSO CERTIFY THAT A COMPLETE LIST OF WITNESSES AND EVIDENCE KNOWN TO ME IS ATTACHED.

AFFIANT. Signature _____

AFFIANT. Print/Type Name _____

VICTIM NOTIFICATION

NOTE: The WHITE COPY of VICTIM'S / WITNESSES goes to the Clerk's Office ONLY on Notices To Appear. In all other cases, it should be removed. The Jail or JAC personnel will determine this for all defendants turned over to them. In all Notices To Appear issued by the Arresting Officer, the Arresting Officer should leave the WHITE copy of VICTIM'S / WITNESSES attached.

CLERK OF COURT

SAO FORM-425, 1/00

453387

WITNESSES

WITNESS STATUS: V-Victim C-Complainant W-All Other Witnesses

STATUS Last First Middle Race Sex Date of Birth

Home Address (Street, Apartment Number) City State Zipcode Phone

Business Address (Street, Apartment Number) City State Zipcode Phone

STATUS Last First Middle Race Sex Date of Birth

Home Address (Street, Apartment Number) City State Zipcode Phone

Business Address (Street, Apartment Number) City State Zipcode Phone

STATUS Last First Middle Race Sex Date of Birth

Home Address (Street, Apartment Number) City State Zipcode Phone

Business Address (Street, Apartment Number) City State Zipcode Phone

STATUS Last First Middle Race Sex Date of Birth

Home Address (Street, Apartment Number) City State Zipcode Phone

Business Address (Street, Apartment Number) City State Zipcode Phone

STATUS Last First Middle Race Sex Date of Birth

Home Address (Street, Apartment Number) City State Zipcode Phone

Business Address (Street, Apartment Number) City State Zipcode Phone

STATUS Last First Middle Race Sex Date of Birth

Home Address (Street, Apartment Number) City State Zipcode Phone

Business Address (Street, Apartment Number) City State Zipcode Phone

IN THE CIRCUIT/COUNTY COURT OF THE THIRTEENTH JUDICIAL CIRCUIT IN AND FOR HILLSBOROUGH COUNTY, FLORIDA

CASE# _____

ARREST WARRANT

In the name of the State of Florida:

TO: All and singular, the sheriffs of Florida and other authorized law enforcement officers.

WHEREAS the Court has found probable cause from sworn complaint affidavit or other testimony under oath to believe that the person named below commited the offense (s) of

_____

DATE OF OFFENSE: _____

YOU ARE HEREBY COMMANDED to arrest, instanter, the person named below for the offense (s) described above to be brought before the Court to be dealt with according to law.

DEFENDANT _____ ALIAS _____

ADDRESS _____ DOB _____

SEX/RACE _____ HT. _____ WT. _____ HAIR _____ EYES _____

SS# _____ DL# _____ POB _____

SCARS _____ COMPLEXION _____

MARITAL STATUS _____ OCCUPATION _____

EMPLOYER _____

INITIATING AGENCY _____ CASE# _____

INITIATING OFFICER _____ BADGE# & DIV. _____

BAIL IS SET AT $ _____, returnable on demand.

GIVEN UNDER MY HAND AND SEAL THIS _____ DAY OF _____ 20 _____

_____
JUDGE

RETURN

Received this warrant on the _____ day of _____, 20 _____.

and executed same on the _____ day of _____, 20 _____.

by arresting the above named defendant.

_____
LAW ENFORCEMENT AGENCY

BY: _____
LAW ENFORCEMENT OFFICER

SAO FORM 155 MARCH 86 WHITE • ORIGINAL/GREEN • STATE ATTORNEY'S COPY/CANARY • DEFENDANT'S COPY/PINK • OFFICER'S COPY

Format for Interviewing Persons Recently Released from the Florida State Prison System

- I am Corporal_____, this is Deputy_____. We are here to verify information provided to us by the Department of Corrections.
- Deputy_____ is the patrol deputy for this area.
- Is this your permanent address?
- How long do you intend to reside at this address?
- Have you been able to gain employment since being released from prison?
- Where do you work?
- DOC lists your work skill as_____. Do you intend to seek employment in that area?
- What type of car do you drive (or is this your car parked outside)?
- Have you registered with the Sheriff's Office since your release from prison?
- Are you on any supervised parole or probation? If so, who is the officer you are assigned?
- Have you encountered any problems since being released from prison?
- If you encounter any problem that we can help you with, please do not hesitate to contact us.

Following the above contact, the interviewing deputy shall initiate a field interview report listing the subject and applicable vehicle information.

HILLSBOROUGH COUNTY SHERIFF'S OFFICE
☐ Continuation ☒ Supplement

☐ **Confidential**
PAGE ___ OF ___

1. Case No.

2. Type of Incident
Caplas / Warrant Arrest (HCSO Case)

8. Grid

5. Report Date Time

7. Location of Incident Scene

AR	#	Name	VRTO	Race	Sex	Age	DOB
	Residence				INJ ☐	Res. Phone	
FL RES ☐ Full ☐ Part ☐ Non ☐ N/A	Business					Bus. Phone	
Arrest Date-Time: Same as #5	Location of Arrest: Same as #7				Charges		

	#	Name	VRTO	Race	Sex	Age	DOB
	Residence				INJ ☐	Res. Phone	
FL RES ☐ Full ☐ Part ☐ Non ☐ N/A	Business					Bus. Phone	
Arrest Date-Time	Location of Arrest				Charges		

Crime Scene / Narrative :

On the above date and time the defendant was arrested at the incident scene. The defendant was charged with:

Teletype / Capias / Warrant Number:

Booking Number:

Further Information:

Reporting Officer | PID | SQ | Dist | Editing Supervisor | PID | SQ | Dist

20. ☐ D1 ☐ D3 ☐ Persons ☐ Vice ☐ Auto Theft ☐ Crime Analysis ☐ HRS
☐ D2 ☐ D4 ☐ Property ☐ Juvenile ☐ White Collar ☐ Reporting Officer ☐ Other...
Date

21. ☐ Active ☐ Exceptionally Cleared ☐ Death of Offender ☐ Juvenile/No Custody ☐ Direct File
☐ Inactive ☐ Cleared by Arrest ☐ Extradition Declined ☐ Victim/Witness Refused to Cooperate
☐ Unfounded ☐ Request for Prosecution ☐ Prosecution Declined ☐ Offender Charged with other Crimes

SO(ENF) 258 (5/94)

Page _____ of _____

MARCHMAN ACT
Report of Law Enforcement Officer
State of Florida, *Hillsborough* County

To _____

(Receiving Facility and Address)

Florida State Statute 397.6772 "Protective custody without consent."

(1) If a person in circumstances which justify protective custody as described in s. 397.677 fails or refuses to consent to assistance and a law enforcement officer has determined hat a hospital or a licensed detoxification or addictions receiving facility is the most appropriate place for the person, the officer may, after giving due consideration to the expressed wishes of the person:

(a) Take the person to a hospital or to a licensed detoxification or addictions receiving facility against the person's will but without using unreasonable force; or

(b) In the case of an adult, detain the person for his or her own protection in any municipal or county jail or other appropriate detention facility.

Florida State Statute 397.675 "Criteria for involuntary admission."

A person meets the criteria for involuntary admission, if there is good faith reason to believe the person is substance abuse impaired and, because of such impairment:

(1) Has lost the power of self-control with respect to substance use; and either

(2)(a) Has inflicted, or threatened or attempted to inflict, or unless admitted is likely to inflict, physical harm on himself or herself or another, or

(b) Is in need of substance abuse services and, by reason of substance abuse impairment; his or her judgment has been so impaired that the person is incapable of appreciating his or her need for such services and of making a rational decision in regard thereto; however, mere refusal to receive such services does not constitute evidence of lack of judgment with respect to his or her need for such services.

History.- - s.6, ch. 93-39; s. 737, ch 95-148.

Pursuant to Florida State Statute 397.6772, under which _____

_____ was taken into protective custody, I report herewith as follows:

Time and Date: _____

Observations which support the need for protective custody:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Delivered to Receiving Facility on _____, 19_____
at _____ A. M./P. M.

Signature of Law Enforcement Officer: _____

Date: _____ **PID:** _____ **Dept. or Office:** _____

Use Back of Page for Additional Information

Narrative (Continued)	Page _____ of _____	Case No.

Report of Law Enforcement Officer Initiating Involuntary Examination
State of Florida, County of _____, Florida

_____, am a law enforcement officer certified by the State of Florida. In my opinion

_____ appears to meet the following criteria for involuntary examination:

1. I have reason to believe said person has a mental illness pursuant to Section 394.455 (18), F.S., and because of the mental illness (check a or b):

   ☐ a. Said person has refused voluntary examination after conscientious explanation and disclosure of the purpose of the examination; **OR**

   ☐ b. Said person is unable to determine for himself/herself whether examination is necessary, **AND**

2. Either (Check a or b)

   ☐ a. Without care or treatment said person is likely to suffer from neglect or refuse to care for himself/herself, and such neglect or refusal poses a real and present threat of substantial harm to his/her well-being and it is not apparent that such harm may be avoided through the help of willing family members or friends or the provision of other services; **OR**,

   ☐ b There is substantial likelihood that without care or treatment the person will cause serious bodily harm to ☐ himself/herself or ☐ another person in the near future, as evidenced by recent behavior.

Circumstances which support this opinion: _____

_____

_____

_____

_____

☐ Check here if it appears that the person has drug or alcohol involvement in addition to mental illness (does not disqualify for Baker Act admission)

Signature of Law Enforcement Officer	Date (mm/dd/yyyy)	_____ am pm Time
Printed Name of Law Enforcement Officer	Full Name of Law Enforcement Agency	
Badge or ID Number	Law Enforcement Case Number	

By Authority of s. 394.463(2)(a) 2. Florida Statutes
CF-MH 3052a, Jan 98 (obsoletes previous editions) (Mandatory Form)

BAKER ACT

Transportation to Receiving Facility

Part I: General Information

The circumstances, under which (Name of Person) _____ was taken into custody are as follows:

Time: am pm Date (mm/dd/yyyy):

Place or Facility Name:

Pick Up Address:

Family members or others present when patient was taken into custody

Name	Address	Relationship.	Phone Number

Next of Kin (if known)

Indicate personal knowledge by family members and others about the patient's condition.

Delivered to (Nearest Receiving Facility):

Basis for Custody: (Check one) ☐ Ex Parte Order ☐ Certificate of Professional ☐ Report of Law Enforcement Officer

Signature of Law Enforcement Officer

Date (mm/dd/yyyy): _____ Time _____ am pm

Printed Name of Law Enforcement Officer

Full Name of Law Enforcement Agency

Badge or ID Number

Law Enforcement Case Number

CONTINUED OVE

Part II - Used When Law Enforcement Consigns Patients to Contract Transport (Page 2) or to Emergency Medical Personnel

If transport is used due to the medical condition of the patient or due to a county-funded contract with a transport company, print the name of the company _____ which will transport the patient to the nearest emergency room in the case of a medical emergency or, if not a medical emergency, to the nearest designated receiving facility _____.
(specify facility to which patient is to be taken)

The law enforcement agency and the transport service must agree that the continued presence of law enforcement personnel is not expected at the time of consignment to be necessary for the safety of the person or others.

I, _____ of the _____
Printed Name of Law Enforcement Officer — Printed Name of Law Enforcement Agency

and

I, _____ of the _____
Printed Name of Medical Transport Service Representative — Printed Name of Medical Transport Service

agree that the continued presence of the law enforcement agency is not expected to be necessary for the safety of _____ or others. By affixing my legal signature and date/time of signing below, I understand that continued transporting of the person named above to a receiving facility is no longer the responsibility of law enforcement agency. The responsibility is assumed by the medical transport service in accordance with s. 394.462 (1), F.S.

Signature of Law Enforcement Officer	Date Signed (mm/dd/yyyy)	Time Signed _____ am pm
Signature of Representative of Medical Transport Service	Date Signed (mm/dd/yyyy)	Time Signed _____ am pm

The completed original of this form must be delivered with the patient to the receiving facility for inclusion in the clinical record. A copy may be retained by the law enforcement agency and by the medical transpor service. The form is exempt from the provisions of s. 119.07(1), F.S.

By Authority of s. 394.462(18), 394.463, Florida Statutes
CF-MH 3100, Jan 98 (Mandatory Form)

BAKER ACT

Hillsborough County Sheriff's Office
Trespass Authorization Form

In accordance with Florida Statute 810.09, completion of this form authorizes the Hillsborough County Sheriff's Office, through its duly appointed personnel, to issue and enforce trespass warnings on behalf of the owner or agent of the listed property.

Property Address: _____

_____

Phone Number: _____

I, _____, as owner / agent (*circle one*) of the above
(Print Name)
listed property, do hereby authorize sworn personnel of the Hillsborough County Sheriff's Office (HCSO) to issue trespass warnings on my behalf. In doing so, I have read and understood the following:

_____ (Please initial) Owners or their agents are responsible for issuing trespass warnings during hours of operation and at any other times when they are present. This authorization does not alter an owner/agent's ability to issue warnings as they deem appropriate.

_____ (Please initial) HCSO will **only** issue trespass warnings under this authority upon the determination that an individual presents a threat to public safety or welfare.

_____ (Please initial) Issuance of trespass warnings by the HCSO, will be at the sole discretion of the investigating deputy or his/her supervisor.

_____ (Please initial) HCSO shall not be held liable for any expenses or damages incurred by the property owner as a result of a deputy's decision **not** to issue a trespass warning.

_____ (Please initial) This authorization is valid for no more than one year from the date signed.

_____ (Please initial) Change in ownership or agency requires new authorization.

Owner/Agent Signature: _____ Date: _____

Deputy Signature: _____ PID #: _____ Date: _____

District: _____ CRD Area: _____

Sheriff's Office Only:
The original form shall be kept on file at the respective district. Deputies testifying in court need to provide a certified copy of the original authorization form to the court. When deputies request a copy of the form, desk deputies shall make a copy of the original form and sign on the line below to indicate the document is a true copy of the original authorization form.

Desk Deputy's Signature: _____
HCSO(ENF) 326 (10/01)

HILLSBOROUGH COUNTY MEDICAL EXAMINER DEPARTMENT

401 South Morgan St., Tampa, FL 33601
Ph: (813) 272-6377 Fax: (813) 272-6268

DEATH INVESTIGATION
Page 1
(Revised: 12-11-00)

Law Enforcement Information	**Agency:** ☐ HCSO ☐ TPD ☐ FHP ☐ TTPD ☐ PCPD ☐ USFPD ☐ TIAPD ☐ FMP ☐ OSI ☐ Other:	**Agency Report Number:**
Lead Investigator:	**Name:** **District:** **ID #**	**Contact Ph #:**

Action	Date	Time	Remarks	EMS Responded to Scene** ☐ Yes ☐ No
MEO Notified ☐ Yes ☐ No				Crew name(s)
Pathologist @ Scene? ☐ Yes ☐ No			Police Photos ? ☐ Yes ☐ No	** If yes, attach EMS run sheet

Decedent Information	Name: (L,F,Mi)	Age / Race / Sex: / /
Address:		
DOB / /	SS # / /	Occupation : ☐ Never Married ☐ Divorced ☐ Married ☐ Widowed ☐ Unk
Body Location:	Address:	
Decedent identification by:	☐ Family at scene, Who? ☐ Other:	☐ Driver's License or ID Card

Next Of Kin Information	**Name:**	**Relationship:**
Notified of Death: ☐ Yes ☐ No Notified Body @ MEO: ☐Yes ☐ No	**Address:**	**Telephone # ( ) —**
Body Found By:	**Name;**	**Relationship:**
Telephone # ( ) —	**Address:**	

Apparent Manner of Death:	☐ Natural ☐ Homicide ☐ Suicide ☐ Undetermined ☐ Accident	☐ Traffic Crash ☐ Hit and Run
	☐ **Found Dead** ☐ **Witnessed Death**	

Date/Time of Death:	**Last Known Alive Date/Time**	**Last Known Alive By:**

Expected Death? ☐ Yes ☐No | History of Falls/Injuries (Old or Recent) **Y / N** Long term effects of injury **Y / N** Alcohol/Drug/Tobacco Use **Y / N** [Circle Item(s)]

Injury/Crash Specifics Date/Time	Description of Loc (Woods, Residence, etc.)

Location of Injury? (Address)

History of Diseases and Operations:	Prescription/Non-prescription drugs:

Personal Physician Name/Ph: Sign DC?: ☐ Yes ☐ No

Cause of Death personal physician will list on DC:

BODY SPECIFICS

Position of Body:	**Signs of Decomposition:**	**Signs of Death:**
☐ Lying on Side Left / Right ☐ Lying on Back ☐ Lying on Stomach ☐ Seated ☐ Other	**Y / N** Odor **Y / N** Skin Slippage / Blisters **Y / N** Discoloration Black / Green / Marbling **Y / N** Insect Activity: Flies / Fly Eggs / Maggots / Other:	**Y / N** Muscles Stiff (Rigor Mortis) **Y / N** Pooling of Blood in Body (Lividity) **Y / N** Other (Blood, Vomit, Feces, Foaming at mouth Insect/Pet activity) Temperature of Torso to Touch: ☐ **Warm** ☐ **Cool**

SCENE SPECIFICS

☐ Weapon(s)	Type/Location:
☐ Ligature	Type/Location:
☐ Drug paraphernalia:	Type/Location:
☐ Other:	Type/Location:

HILLSBOROUGH COUNTY MEDICAL EXAMINER DEPARTMENT

401 South Morgan St., Tampa, FL 33601
Ph: (813) 272-6377 Fax: (813) 272-6268

DEATH INVESTIGATION
Page 2
(Revised: 12-11-00)

Decedent's Name:	**Agency Report Number:**

DESCRIPTION OF CIRCUMSTANCES: (Include how the incident or crash is thought to have occurred, decedent's activity at the time of the incident or crash, the type of place, and the sequence of events). If extra pages are used, indicate number here:

TRAFFIC CRASHES ONLY

Decedent Information	**Decedent's Vehicle Type**	**Collision Information** (Object Struck by Decedent's Vehicle)
☐ Operator ☐ Passenger ☐ Occupant not otherwise specified ☐ Pedestrian ☐ Pedal cyclist ☐ Other Restrained: ☐ Yes ☐ No Air Bag: ☐ Yes ☐ No Deployed? ☐ Yes ☐ No Ejected? ☐ Yes ☐ No ☐ Partial Helmet/Eye protection ☐ Yes ☐ No	☐ Automotive ☐ SUV ☐ Pickup Truck ☐ Truck ☐ Tractor-trailor ☐ Bicycle ☐ Tricycle ☐ Motorcycle ☐ None (Pedestrian) ☐ Other:	☐ Rollover Only ☐ Pole ☐ Tree ☐ Abutment ☐ Truck ☐ Tractor Trailer ☐ Motorcycle ☐ Other: **Direction of Collision** (Decedent Vehicle Perspective) ☐ Head on ☐ Rear-end ☐ T-bone ☐ Drivers ☐ Passenger Side ☐ Front Quarter ☐ Left ☐ Right ☐ Rear Quarter ☐ Left ☐ Right

Roadway ☐ Asphalt ☐ Concrete ☐ Dirt ☐ Gravel ☐ Grass ☐ Other:

Condition of Roadway (at time of incident) ☐ Wet ☐ Dry ☐ New ☐ Worn ☐ Other

Lighting Conditions (at time of incident) ☐ Daylight ☐ Darkness ☐ Dusk ☐ Dawn ☐ Streetlights ☐ Other:

Type of Highway ☐ Two Lane ☐ Multiple Lane Divided ☐ Multiple Lane not-divided ☐ Other:

Other Circumstances: Skid Marks from Decedent's Vehicle? ☐ Yes ☐ No Suspected Heart Attack at Wheel? ☐ Yes ☐ No
Suspicious circumstances? ☐ Yes ☐ No

Suspected Suicide? ☐ Yes ☐ No
If yes to any explain:

Law Enforcement Request the Following to be Retained as Evidence: ☐ Clothing ☐ Hair ☐ Blood ☐ Fingernails
☐ Debris from Body Bag

Impairments suspected **Alcohol Suspected?** ☐ Yes ☐ No **Drugs?** ☐ Yes ☐ No
Open Containers? ☐ Yes ☐ No **Type of Drug Suspected:**

Decedent's Vehicle:	Year	Make	Model	Color
Other Vehicle	Year	Make	Model	Color
Other Vehicle	Year	Make	Model	Color
Other Vehicle	Year	Make	Model	Color

Event/Case No._____ Date:_____ Grid:_____

Hillsborough County
Sheriff's Office
Elderly Affairs Referral

Triad

Name: _____ Race/Sex_____ D.O.B._____
Address:_____
City:_____ Zip_____ Phone No._____
Care Giver:_____
Address:_____
City:_____ Phone No. _____
Assistance:
Food ☐ Transportation ☐
Medical ☐ Clothing ☐
Other ☐

Observations: _____

Deputy _____ PID# _____ District: _____

HCSO(ENF) 315 Rev. 2/97

Traffic Accident Report

☐ LAW ENFORCEMENT SHORT FORM REPORT
☐ DRIVER REPORT OF TRAFFIC CRASH
☐ DRIVER EXCHANGE OF INFORMATION

DO NOT WRITE IN THIS SPACE

Time & Location

DATE OF CRASH | TIME OF CRASH ☐ AM ☐ PM | TIME OFFICER NOTIFIED ☐ AM ☐ PM | TIME OFFICER ARRIVED ☐ AM ☐ PM | INVEST. AGENCY REPORT NUMBER | HSMV CRASH REPORT NUMBER

COUNTY / CITY CODE | FEET or MILE(S) | N S E W ☐ of | CITY OR TOWN (Check if in City or Town) ☐ | COUNTY

AT NODE NO. or FEET or MILE(S) | FROM NODE NO. | NEXT NODE NO. | NO. OF LANES | 1. DIVIDED 2. UNDIVIDED | ON STREET, ROAD OR HIGHWAY

AT THE INTERSECTION OF or FEET | MILE(S) | N S E W | FROM INTERSECTION OF

Section 1

Vehicle ☐

YEAR | MAKE (chev, ford,etc.) | TYPE (car, truck, bicycle, etc.) | VEH. LICENSE NUMBER | STATE | VEHICLE IDENTIFICATION NUMBER

Check Areas Of Vehicle Damage: Front | R / Front | L / Front | R / Side | L / Side | Rear | R / Rear | L / Rear | EST. VEHICLE DAMAGE | VEHICLE REMOVED BY: 1. Tow Rotation List 2. Tow Owner's Request 3. Driver 4. Other ☐

MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP) | POLICY NUMBER

Pedestrian ☐

NAME OF VEHICLE OWNER (Check Box If Same As Driver) ☐ | CURRENT ADDRESS (Number and Street)) | CITY AND STATE | ZIP CODE

NAME OF DRIVER (Take From Driver License) / PEDESTRIAN | CURRENT ADDRESS (Number and Street)) | CITY AND STATE | ZIP CODE

DRIVER LICENSE NUMBER | STATE | DL TYPE | DRIVER / PEDESTRIAN HOME PHONE ( ) Area Code | DRIVER / PEDESTRIAN BUSINESS PHONE ( ) Area Code | RACE | SEX | DATE OF BIRTH

NAME OF PASSENGER | CURRENT ADDRESS (Number and Street)) | CITY AND STATE | ZIP CODE

Section 2

Vehicle

YEAR | MAKE (chev, ford,etc.) | TYPE (car, truck, bicycle, etc.) | VEH. LICENSE NUMBER | STATE | VEHICLE IDENTIFICATION NUMBER

Check Areas Of Vehicle Damage: Front | R / Front | L / Front | R / Side | L / Side | Rear | R / Rear | L / Rear | EST. VEHICLE DAMAGE | VEHICLE REMOVED BY: 1. Tow Rotation List 2. Tow Owner's Request 3. Driver 4. Other ☐

MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP) | POLICY NUMBER

Pedestrian

NAME OF VEHICLE OWNER (Check Box If Same As Driver) ☐ | CURRENT ADDRESS (Number and Street)) | CITY AND STATE | ZIP CODE

NAME OF DRIVER (Take From Driver License) / PEDESTRIAN | CURRENT ADDRESS (Number and Street)) | CITY AND STATE | ZIP CODE

DRIVER LICENSE NUMBER | STATE | DL TYPE | DRIVER / PEDESTRIAN HOME PHONE ( ) Area Code | DRIVER / PEDESTRIAN BUSINESS PHONE ( ) Area Code | RACE | SEX | DATE OF BIRTH

NAME OF PASSENGER | CURRENT ADDRESS (Number and Street)) | CITY AND STATE | ZIP CODE

Section 3

Vehicle ☐

YEAR | MAKE (chev, ford,etc.) | TYPE (car, truck, bicycle, etc.) | VEH. LICENSE NUMBER | STATE | VEHICLE IDENTIFICATION NUMBER

Check Areas Of Vehicle Damage: Front | R / Front | L / Front | R / Side | L / Side | Rear | R / Rear | L / Rear | EST. VEHICLE DAMAGE | VEHICLE REMOVED BY: 1. Tow Rotation List 2. Tow Owner's Request 3. Driver 4. Other ☐

MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP) | POLICY NUMBER

Pedestrian ☐

NAME OF VEHICLE OWNER (Check Box If Same As Driver) ☐ | CURRENT ADDRESS (Number and Street)) | CITY AND STATE | ZIP CODE

NAME OF DRIVER (Take From Driver License) / PEDESTRIAN | CURRENT ADDRESS (Number and Street)) | CITY AND STATE | ZIP CODE

DRIVER LICENSE NUMBER | STATE | DL TYPE | DRIVER / PEDESTRIAN HOME PHONE ( ) Area Code | DRIVER / PEDESTRIAN BUSINESS PHONE ( ) Area Code | RACE | SEX | DATE OF BIRTH

NAME OF PASSENGER | CURRENT ADDRESS (Number and Street)) | CITY AND STATE | ZIP CODE

Violator(s)

SECTION #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER
SECTION #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER
SECTION #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER

#	PROPERTY DAMAGED - OTHER THAN VEHICLES	EST. AMOUNT $	OWNER'S NAME	ADDRESS	CITY	STATE	ZIP

WITNESS NAME (1) | CURRENT ADDRESS | CITY & STATE | ZIP CODE | WITNESS NAME (2) | CURRENT ADDRESS | CITY & STATE | ZIP CODE

INVESTIGATOR - RANK & SIGNATURE | ID/BADGE NUMBER | DEPARTMENT | FHP ☐ SO ☐ PD ☐ OTHER ☐

HSMV-90006 Rev. 11/98

☐ YOU MUST READ AND COMPLY WITH THE INSTRUCTIONS ON THE BACK OF THIS FORM.
☐ NO FURTHER ACTION REQUIRED BY YOU REPORT COMPLETED BY LAW ENFORCEMENT AGENCY.

Figure 4-1

DIAGRAM

INDICATE NORTH WITH ARROW

CONTRIBUTING CAUSES - DRIVER / PEDESTRIAN

01 No Improper Driving / Action
02 Careless Driving (Explain In Narrative)
03 Failed To Yield Right - of - Way
04 Improper Backing
05 Improper Lane Change
06 Improper Turn
07 Alcohol - Under Influence
08 Drugs - Under Influence
09 Alcohol & Drugs - Under Influence
10 Followed Too Closely
11 Disregarded Traffic Signal
12 Exceeded Safe Speed Limit
13 Disregarded Stop Sign
14 Failed To Maintain Equip. / Vehicle
15 Improper Passing
16 Drove Left of Center
17 Exceeded Stated Speed Limit
18 Obstructing Traffic
19 Improper Load
20 Disregarded Other Traffic Control
21 Driving Wrong Side / Way
22 Fleeing Police
23 Vehicle Modified
24 Driver Distraction
77 All Other (Explain In Narrative)

1 2 3

VEHICLE DEFECT

01 No Defects
02 Def. Brakes
03 Worn / Smooth Tires
04 Defective / Improper Lights
05 Puncture / Blowout
06 Steering Mech.
07 Windshield Wipers
08 Equipment / Vehicle Defect
77 All Other (Explain In Narrative)

1 2 3

POINT OF COLLISION

01 On Road
02 Not On Road
03 Shoulder
04 Median
05 Turn Lane

1 2 3

WORK AREA

01 None
02 Nearby
03 Entered

1 2 3

VEHICLE MOVEMENT

01 Straight Ahead
02 Slowing / Stopped / Stalled
03 Making Left Turn
04 Backing
05 Making Right Turn
06 Changing Lanes
07 Entering / Leaving / Parking Space
08 Properly Parked
09 Improperly Parked
10 Making U-Turn
11 Passing
12 Driverless or Runaway Vehicle
77 All Other (Explain In Narrative)

1 2 3

VEHICLE SPECIAL FUNCTIONS

1 None
2 Farm
3 Police Pursuit
4 Recreational
5 Emergency Operation
6 Construction / Maintenance

1 2 3

SOURCE OF CARRIER INFORMATION

1 Not Applicable
2 Shipping Papers
3 Vehicle Side
4 Driver
5 Other

1 2 3

PEDESTRIAN ACTION

01 Crossing Not at Intersection
02 Crossing at Mid-block Crosswalk
03 Crossing at Intersection
04 Walking Along Road With Traffic
05 Walking Along Road Against Traffic
06 Working on Vehicle In Road
07 Working In Road
08 Standing/Playing In Road
09 Standing In Pedestrian Island
77 All Other (Explain In Narrative)
88 Unknown

1 2 3

LOCATION TYPE

1 Primarily Business
2 Primarily Residential
3 Open Country

FIRST / SUBSEQUENT HARMFUL EVENT(S)

01 Collision With MV in Transport(Rear End)
02 Collision With MV in Transport(Head On)
03 Collision With MV in Transport(Angle)
04 Collision With MV in Transport(Left Turn)
05 Collision With MV in Transport(Right Turn)
06 Collision With MV in Transport(Sideswipe)
07 Collision With MV in Transport(Backed Into)
08 Collision With Parked Car
09 Collision With MV on Roadway
10 Collision With Pedestrian
11 Collision With Bicycle
12 Collision With Bicycle (Bike Lane)
13 Collision With Moped
14 Collision With Train
15 Collision With Animal
16 MV Hit Sign / Sign Post
17 MV Hit Utility Pole / Light Pole
18 MV Hit Guardrail
19 MV Hit Fence
20 MV Hit Concrete Barrier Wall
21 MV Hit Bridge/Pier/Abutment/Rail
22 MV Hit Tree /Shrubbery
23 Collision With Construction Barricade Sign
24 Collision With Traffic Gate
25 Collision With Crash Attenuators
26 Collision With Fixed Object Above Road
27 MV Hit Other Fixed Object
28 Collision With Moveable Object On Road
29 MV Ran Into Ditch/Culvert
30 Ran Off Road Into Water
31 Overturned
32 Occupant Fell From Vehicle
33 Tractor/Trailer Jackknifed
34 Fire
35 Explosion
36 Downhill Runaway
37 Cargo Loss or Shift
38 Separation of Units
39 Median Crossover
77 All Other (Explain In Narrative)

1 2 3

ROAD SYSTEM IDENTIFIER

01 Interstate
02 U.S.
03 State
04 County
05 Local
06 Turnpike / Toll
07 Forest Road
08 Private Roadway
77 All Other (Explain In Narrative)

LIGHTING CONDITION

01 Daylight
02 Dusk
03 Dawn
04 Dark (Street Light)
05 Dark (No Street Light)
88 Unknown

ROAD SURFACE CONDITION

01 Dry
02 Wet
03 Slippery
04 Icy
77 All Other (Explain In Narrative)

WEATHER

01 Clear
02 Cloudy
03 Rain
04 Fog
77 All Other (Explain In Narrative)

ROAD SURFACE TYPE

01 Slag/Gravel/Stone
02 Blacktop
03 Brick/Block
04 Concrete
05 Dirt
77 All Other (Explain In Narrative)

ROAD CONDITIONS AT TIME OF CRASH

01 No Defects
02 Obstruction With Warning
03 Obstruction Without Warning
04 Road Under Repair / Construction
05 Loose Surface Materials
06 Shoulders - Soft / Low / High
07 Holes / Ruts / Unsafe Paved Edge
08 Standing Water
09 Worn / Polished Road Surface
77 All Other (Explain In Narrative)

VISION OBSTRUCTED

01 Vision Not Obscured
02 Inclement Weather
03 Parked / Stopped Vehicle
04 Trees / Crops / Bushes
05 Load On Vehicle
06 Building / Fixed Object
07 Signs / Billboards
08 Fog
09 Smoke
10 Glare
77 All Other (Explain In Narrative)

TRAFFIC CONTROL

01 No Control
02 Special Speed Zone
03 Speed Control Sign
04 School Zone
05 Traffic Signal
06 Stop Sign
07 Yield Sign
08 Flashing Light
09 Railroad Signal
10 Officer / Guard / Flagperson
11 Posted No U-Turn
12 No Passing Zone
77 All Other (Explain In Narrative)

SITE LOCATION

01 Not At Intersection / RR X-ing / Bridge
02 At Intersection
03 Influenced By Intersection
04 Driveway Access
05 Railroad
06 Bridge
07 Entrance Ramp
08 Exit Ramp
09 Parking Lot - Public
10 Parking Lot - Private
11 Private Property
12 Toll Booth
13 Public Bus Stop Zone
77 All Other (Explain In Narrative)

TRAFFICWAY CHARACTER

01. Straight - Level
02. Straight - Upgrade / Downgrade
03. Curve - Level
04. Curve - Upgrade / Downgrade

TYPE SHOULDER

01. Paved
02. Unpaved
03. Curb

Figure 4-2

FLORIDA TRAFFIC CRASH REPORT
LONG FORM

MAIL TO: DEPT. OF HIGHWAY SAFETY & MOTOR VEHICLES, TRAFFIC CRASH RECORDS, NEIL KIRKMAN BUILDING, TALLAHASSEE, FL 32399-0537

DO NOT WRITE IN THIS SPACE

Time & Location

DATE OF CRASH	TIME OF CRASH	TIME OFFICER NOTIFIED	TIME OFFICER ARRIVED	INVEST. AGENCY REPORT NUMBER	HSMV CRASH REPORT NUMBER
	AM PM	AM PM	AM PM		72886736

COUNTY / CITY CODE | FEET or MILE(S) | N S E W of | CITY OR TOWN (Check if in City or Town) | COUNTY

AT NODE NO. or | FEET or MILE(S) | FROM NODE NO. | NEXT NODE NO. | NO. OF LANES | 1. DIVIDED 2. UNDIVIDED | ON STREET, ROAD OR HIGHWAY

AT THE INTERSECTION OF (street, road or highway) or | FEET | MILE(S) | N S E W | FROM INTERSECTION OF (street, road or highway)

Section 1 — Vehicle

DRIVER ACTION: 1. Phantom 2. Hit & Run 3. N/A | YEAR | MAKE | TYPE | USE | VEH. LICENSE NUMBER | STATE | VEHICLE IDENTIFICATION NUMBER

TRAILER OR TOWED VEHICLE INFORMATION | TRAILER TYPE

18. Undercarriage 19. Overturn 20. Windshield 21. Trailer — SHOW FIRST POINT OF VEHICLE DAMAGE AND CIRCLE DAMAGED AREA(S)

VEHICLE TRAVELLING N S E W | ON | AT | Est. MPH | Posted Speed | EST. VEHICLE DAMAGE | 1. Disabling 2. Functional 3. No Damage | EST. TRAILER DAMAGE

MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP) | POLICY NUMBER | VEHICLE REMOVED BY: | 1. Tow Rotation List 2. Tow Owner's Request 3. Driver 4. Other

NAME OF VEHICLE OWNER (Check Box If Same As Driver) | CURRENT ADDRESS (Number and Street)) | CITY AND STATE | ZIP CODE

Section 1 — Pedestrian

NAME OF OWNER (Trailer or Towed Vehicle) | CURRENT ADDRESS (Number and Street) | CITY AND STATE | ZIP CODE

NAME OF MOTOR CARRIER (Commercial Vehicle Only) | CURRENT ADDRESS (Number and Street) | CITY , STATE AND ZIP CODE | US DOT or ICC MC IDENTIFICATION NUMBERS

NAME OF DRIVER (Take From Driver License) / PEDESTRIAN | CURRENT ADDRESS (Number and Street)) | CITY , STATE & ZIP CODE | DATE OF BIRTH

DRIVER LICENSE NUMBER | STATE | DL TYPE | REQ. END. | ALC/DRUG TEST TYPE 1 Blood 3 Urine 5 None 2 Breath 4 Refused | RESULTS | ALC/DRUG | PHYS.DEF. | RES. | RACE | SEX | INJ. | S. EQUIP. | EJECT.

HAZARDOUS MATERIALS BEING TRANSPORTED 1 Yes 2 No | PLACARDED 1 Yes 2 No | IF YES, INDICATE NAME OR 4 DIGIT NUMBER FROM DIAMOND OR BOX ON PLACARD, AND 1 DIGIT NUMBER FROM BOTTOM OF DIAMOND | WAS HAZARDOUS MATERIAL SPILLED? 1 Yes 2 No | RECOMMEND DRIVER RE-EXAM, IF YES EXPLAIN IN NARRATIVE 1 Yes 2 No | DRIVER'S PHONE NO. ( )

Section 2 — Vehicle

DRIVER ACTION: 1. Phantom 2. Hit & Run 3. N/A | YEAR | MAKE | TYPE | USE | VEH. LICENSE NUMBER | STATE | VEHICLE IDENTIFICATION NUMBER

TRAILER OR TOWED VEHICLE INFORMATION | TRAILER TYPE

18. Undercarriage 19. Overturn 20. Windshield 21. Trailer — SHOW FIRST POINT OF VEHICLE DAMAGE AND CIRCLE DAMAGED AREA(S)

VEHICLE TRAVELLING N S E W | ON | AT | Est. MPH | Posted Speed | EST. VEHICLE DAMAGE | 1. Disabling 2. Functional 3. No Damage | EST. TRAILER DAMAGE

MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP) | POLICY NUMBER | VEHICLE REMOVED BY: | 1. Tow Rotation List 2. Tow Owner's Request 3. Driver 4. Other

NAME OF VEHICLE OWNER (Check Box If Same As Driver) | CURRENT ADDRESS (Number and Street)) | CITY AND STATE | ZIP CODE

Section 2 — Pedestrian

NAME OF OWNER (Trailer or Towed Vehicle) | CURRENT ADDRESS (Number and Street) | CITY AND STATE | ZIP CODE

NAME OF MOTOR CARRIER (Commercial Vehicle Only) | CURRENT ADDRESS (Number and Street) | CITY , STATE AND ZIP CODE | US DOT or ICC MC IDENTIFICATION NUMBERS

NAME OF DRIVER (Take From Driver License) / PEDESTRIAN | CURRENT ADDRESS (Number and Street)) | CITY , STATE & ZIP CODE | DATE OF BIRTH

DRIVER LICENSE NUMBER | STATE | DL TYPE | REQ. END. | ALC/DRUG TEST TYPE 1 Blood 3 Urine 5 None 2 Breath 4 Refused | RESULTS | ALC/DRUG | PHYS.DEF. | RES. | RACE | SEX | INJ. | S. EQUIP. | EJECT.

WAS HAZARDOUS MATERIAL BEING TRANSPORTED 1 Yes 2 No | PLACARDED 1 Yes 2 No | IF YES, INDICATE NAME OR FOUR DIGIT NUMBER FROM DIAMOND OR BOX ON PLACARD, AND 1 DIGIT NUMBER FROM BOTTOM OF DIAMOND | WAS HAZARDOUS MATERIAL SPILLED? 1 Yes 2 No | RECOMMEND DRIVER RE-EXAM, IF YES EXPLAIN IN NARRATIVE 1 Yes 2 No | DRIVER'S PHONE NO. ( )

Code Information

VEHICLE TYPE
01 Automobile
02 Van
03 Light Truck / P.U.- 2 or 4 rear tires
04 Medium Truck - 4 rear tires
05 Heavy Truck - 2 or more rear axles
06 Truck Tractor (Cab-Bobtail)
07 Motor Home (RV)
08 Bus (driver + seats for 9-15)
09 Bus (driver + seats for over 15)
10 Bicycle
11 Motorcycle
12 Moped
13 All Terrain Vehicle
14 Train
15 Low Speed Vehicle
77 Other

VEHICLE USE
01 Private Transportation
02 Commercial Passengers
03 Commercial Cargo
04 Public Transportation
05 Public School Bus
06 Private School Bus
07 Ambulance
08 Law Enforcement
09 Fire / Rescue
10 Military
11 Other Government
12 Dump
13 Concrete Mixer
14 Garbage or Refuse
15 Cargo Van
77 Other

TRAILER TYPE
01 Single Semi Trailer
02 Tandem Semi Trailer
03 Tank Trailer
04 Saddle Mount / Flatbed
05 Boat Trailer
06 Utility Trailer
07 House Trailer
08 Pole Trailer
09 Towed Vehicle
10 Auto Transport
77 Other

RESIDENCE (Driver / Ped.)
1 County of Crash
2 Elsewhere in State
3 Non-Resident Out of State
4 Foreign 5 Unknown

DL TYPE
1 A 2 B 3 C
4 D/ Chauffeur
5 E/ Operator
6 E/ Oper.-Rest.
7 None

REQUIRED ENDORSEMENTS
1 Yes
2 No
3 No Endorsement Required

RACE
1 White
2 Black
3 Hispanic
4 Other

SEX
1 Male
2 Female

PHYSICAL DEFECTS
1 No Defects Known
2 Eyesight Defect
3 Fatigue / Asleep
4 Hearing Defect
5 Illness
6 Seizure, Epilepsy, Blackout
7 Other Physical Defect

INJURY SEVERITY
1 None
2 Possible
3 Non-Incapacitating
4 Incapacitating
5 Fatal (Within 30 Days)
6 Non-Traffic Fatality

ALCOHOL / DRUG USE
1 Not Drinking or Using Drugs
2 Alcohol - Under Influence
3 Drugs - Under Influence
4 Alcohol & Drugs - Under Influence
5 Had Been Drinking
6 Pending ALC/DRUG Test Results

SAFETY EQUIPMENT IN USE
1 Not In use
2 Seat Belt / Shoulder Harness
3 Child Restraint
4 Air Bag - Deployed
5 Air Bag - Not Deployed
6 Safety Helmet
7 Eye Protection

LOCATION IN VEHICLE
1 Front Left
2 Front Center
3 Front Right
4 Rear Left
5 Rear Center
6 Rear Right
7 In Body Of Truck
8 Bus Passenger
9 Other

EJECTED
1 No
2 Yes
3 Partial

HSMV-90003 (REV. 01/02)

Page 1 Of ____

Section 3

Vehicle

DRIVER ACTION: 1. Phantom 2. Hit & Run 3. N/A | YEAR | MAKE | TYPE | USE | VEH. LICENSE NUMBER | STATE | VEHICLE IDENTIFICATION NUMBER

TRAILER OR TOWED VEHICLE INFORMATION | TRAILER TYPE

2 3 4 5 6 7 1 15 16 17 8 14 13 12 11 10 9
18. Undercarriage 19. Overturn 20. Windshield 21. Trailer
SHOW FIRST POINT OF VEHICLE DAMAGE AND CIRCLE DAMAGED AREA(S)

VEHICLE TRAVELLING N S E W | ON | AT | Est. MPH | Posted Speed | EST. VEHICLE DAMAGE | 1. Disabling 2. Functional 3. No Damage | EST. TRAILER DAMAGE

MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP) | POLICY NUMBER | VEHICLE REMOVED BY: | 1. Tow Rotation List 2. Tow Owner's Request 3. Driver 4. Other

NAME OF VEHICLE OWNER (Check Box If Same As Driver) | CURRENT ADDRESS (Number and Street)) | CITY AND STATE | ZIP CODE

Pedestrian

NAME OF OWNER (Trailer or Towed Vehicle) | CURRENT ADDRESS (Number and Street) | CITY AND STATE | ZIP CODE

NAME OF MOTOR CARRIER (Commercial Vehicle Only) | CURRENT ADDRESS (Number and Street) | CITY , STATE AND ZIP CODE | US DOT or ICC MC IDENTIFICATION NUMBERS

NAME OF DRIVER (Take From Driver License) / PEDESTRIAN | CURRENT ADDRESS (Number and Street)) | CITY , STATE & ZIP CODE | DATE OF BIRTH

DRIVER LICENSE NUMBER | STATE | DL TYPE | REQ END. | ALC/DRUG TEST TYPE 1 Blood 3 Urine 5 None 2 Breath 4 Refused | RESULTS | ALC/DRUG | PHYS.DEF. | RES. | RACE | SEX | INJ. | S. EQUIP. | EJECT.

HAZARDOUS MATERIALS BEING TRANSPORTED 1 Yes 2 No | PLACARDED 1 Yes 2 No | IF YES, INDICATE NAME OR 4 DIGIT NUMBER FROM DIAMOND OR BOX ON PLACARD, AND 1 DIGIT NUMBER FROM BOTTOM OF DIAMOND. | WAS HAZARDOUS MATERIAL SPILLED? 1 Yes 2 No | RECOMMEND DRIVER RE-EXAM, IF YES EXPLAIN IN NARRATIVE 1 Yes 2 No | DRIVER'S PHONE NO. ( )

#	PROPERTY DAMAGED - OTHER THAN VEHICLES	EST. AMOUNT	OWNER'S NAME	ADDRESS	CITY	STATE	ZIP
1		$					
2		$					

CONTRIBUTING CAUSES - DRIVER / PEDESTRIAN (1 2 3)
01 No Improper Driving / Action
02 Careless Driving (Explain In Narrative)
03 Failed To Yield Right - of - Way
04 Improper Backing
05 Improper Lane Change
06 Improper Turn
07 Alcohol - Under Influence
08 Drugs - Under Influence
09 Alcohol & Drugs - Under Influence
10 Followed Too Closely
11 Disregarded Traffic Signal
12 Exceeded Safe Speed Limit
13 Disregarded Stop Sign
14 Failed To Maintain Equip. / Vehicle
15 Improper Passing
16 Drove Left of Center
17 Exceeded Stated Speed Limit
18 Obstructing Traffic
19 Improper Load
20 Disregarded Other Traffic Control
21 Driving Wrong Side / Way
22 Fleeing Police
23 Vehicle Modified
24 Driver Distraction (Explain In Narrative)
77 All Other (Explain In Narrative)

VEHICLE DEFECT (1 2 3)
01 No Defects
02 Def. Brakes
03 Worn / Smooth Tires
04 Defective / Improper Lights
05 Puncture / Blowout
06 Steering Mech.
07 Windshield Wipers
08 Equipment / Vehicle Defect
77 All Other (Explain In Narrative)

POINT OF COLLISION (1 2 3)
01 On Road
02 Not On Road
03 Shoulder
04 Median
05 Turn Lane

WORK AREA (1 2 3)
01 None
02 Nearby
03 Entered

VEHICLE MOVEMENT (1 2 3)
01 Straight Ahead
02 Slowing / Stopped / Stalled
03 Making Left Turn
04 Backing
05 Making Right Turn
06 Changing Lanes
07 Entering / Leaving / Parking Space
08 Properly Parked
09 Improperly Parked
10 Making U-Turn
11 Passing
12 Driverless or Runaway Vehicle
77 All Other (Explain In Narrative)

VEHICLE SPECIAL FUNCTIONS (1 2 3)
1 None
2 Farm
3 Police Pursuit
4 Recreational
5 Emergency Operation
6 Construction / Maintenance

SOURCE OF CARRIER INFORMATION (1 2 3)
1 Not Applicable
2 Shipping Papers
3 Vehicle Side
4 Driver
5 Other

PEDESTRIAN ACTION (1 2 3)
01 Crossing Not at Intersection
02 Crossing at Mid-block Crosswalk
03 Crossing at Intersection
04 Walking Along Road With Traffic
05 Walking Along Road Against Traffic
06 Working on Vehicle In Road
07 Working In Road
08 Standing/Playing In Road
09 Standing In Pedestrian Island
77 All Other (Explain In Narrative)
88 Unknown

LOCATION TYPE
1 Primarily Business
2 Primarily Residential
3 Open Country

FIRST / SUBSEQUENT HARMFUL EVENT(S) (1 2 3)
01 Collision With MV in Transport(Rear End)
02 Collision With MV in Transport(Head On)
03 Collision With MV in Transport(Angle)
04 Collision With MV in Transport(Left Turn)
05 Collision With MV in Transport(Right Turn)
06 Collision With MV in Transport(Sideswipe)
07 Collision With MV in Transport(Backed Into)
08 Collision With Parked Car
09 Collision With MV on Roadway
10 Collision With Pedestrian
11 Collision With Bicycle
12 Collision With Bicycle (Bike Lane)
13 Collision With Moped
14 Collision With Train
15 Collision With Animal
16 MV Hit Sign / Sign Post
17 MV Hit Utility Pole / Light Pole
18 MV Hit Guardrail
19 MV Hit Fence
20 MV Hit Concrete Barrier Wall
21 MV Hit Bridge/Pier/Abutment/Rail
22 MV Hit Tree /Shrubbery
23 Collision With Construction Barricade Sign
24 Collision With Traffic Gate
25 Collision With Crash Attenuators
26 Collision With Fixed Object Above Road
27 MV Hit Other Fixed Object
28 Collision With Moveable Object On Road
29 MV Ran Into Ditch/Culvert
30 Ran Off Road Into Water
31 Overturned
32 Occupant Fell From Vehicle
33 Tractor/Trailer Jackknifed
34 Fire
35 Explosion
36 Downhill Runaway
37 Cargo Loss or Shift
38 Separation of Units
39 Median Crossover
77 All Other (Explain In Narrative)

ROAD SYSTEM IDENTIFIER
01 Interstate
02 U.S.
03 State
04 County
05 Local
06 Turnpike / Toll
07 Forest Road
08 Private Roadway
77 All Other (Explain In Narrative)

LIGHTING CONDITION
01 Daylight
02 Dusk
03 Dawn
04 Dark (Street Light)
05 Dark (No Street Light)
88 Unknown

ROAD SURFACE CONDITION
01 Dry
02 Wet
03 Slippery
04 Icy
77 All Other (Explain In Narrative)

WEATHER
01 Clear
02 Cloudy
03 Rain
04 Fog
77 All Other (Explain In Narrative)

ROAD SURFACE TYPE
01 Slag/Gravel/Stone
02 Blacktop
03 Brick/Block
04 Concrete
05 Dirt
77 All Other (Explain In Narrative)

ROAD CONDITIONS AT TIME OF CRASH
01 No Defects
02 Obstruction With Warning
03 Obstruction Without Warning
04 Road Under Repair / Construction
05 Loose Surface Materials
06 Shoulders - Soft / Low / High
07 Holes / Ruts / Unsafe Paved Edge
08 Standing Water
09 Worn / Polished Road Surface
77 All Other (Explain In Narrative)

VISION OBSTRUCTED
01 Vision Not Obscured
02 Inclement Weather
03 Parked / Stopped Vehicle
04 Trees / Crops / Bushes
05 Load On Vehicle
06 Building / Fixed Object
07 Signs / Billboards
08 Fog
09 Smoke
10 Glare
77 All Other (Explain In Narrative)

TRAFFIC CONTROL
01 No Control
02 Special Speed Zone
03 Speed Control Sign
04 School Zone
05 Traffic Signal
06 Stop Sign
07 Yield Sign
08 Flashing Light
09 Railroad Signal
10 Officer / Guard / Flagperson
11 Posted No U-Turn
12 No Passing Zone
77 All Other (Explain In Narrative)

SITE LOCATION
01 Not At Intersection / RR X-ing / Bridge
02 At Intersection
03 Influenced By Intersection
04 Driveway Access
05 Railroad
06 Bridge
07 Entrance Ramp
08 Exit Ramp
09 Parking Lot - Public
10 Parking Lot - Private
11 Private Property
12 Toll Booth
13 Public Bus Stop Zone
77 All Other (Explain In Narrative)

TRAFFICWAY CHARACTER
01. Straight - Level
02. Straight - Upgrade / Downgrade
03. Curve - Level
04. Curve - Upgrade / Downgrade

TYPE SHOULDER
01. Paved
02. Unpaved
03. Curb

Violator(s)

SECTION #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER
SECTION #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER
SECTION #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER
SECTION #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER

Page 2 Of ____

FLORIDA TRAFFIC CRASH REPORT

☐ UPDATE ☐ CONTINUATION

MAIL TO: DEPT. OF HIGHWAY SAFETY & MOTOR VEHICLES, TRAFFIC CRASH RECORDS, NEIL KIRKMAN BUILDING, TALLAHASSEE, FL 32399-0500

DO NOT WRITE IN THIS SPACE

DATE OF CRASH	COUNTY / CITY CODE	INVEST. AGENCY REPORT NUMBER	HSMV CRASH REPORT NUMBER

Section — Vehicle ☐ / Pedestrian ☐

DRIVER ACTION 1. Phantom 2. Hit & Run 3. N/A | YEAR | MAKE | TYPE | USE | VEH. LICENSE NUMBER | STATE | VEHICLE IDENTIFICATION NUMBER

TRAILER OR TOWED VEHICLE INFORMATION | TRAILER TYPE

2 3 4 5 6 7 1 15 16 17 8 14 13 12 11 10 9 — 18. Undercarriage 19. Overturn 20. Windshield 21. Trailer — SHOW FIRST POINT OF VEHICLE DAMAGE AND CIRCLE DAMAGED AREA(S)

VEHICLE TRAVELLING N S E W | ON | AT | Est. MPH | Posted Speed | EST. VEHICLE DAMAGE | 1. Disabling 2. Functional 3. No Damage | EST. TRAILER DAMAGE

MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP) | POLICY NUMBER | VEHICLE REMOVED BY: | 1. Tow Rotation List 2. Tow Owner's Request 3. Driver 4. Other

NAME OF VEHICLE OWNER (Check Box If Same As Driver) ☐ | CURRENT ADDRESS (Number and Street)) | CITY AND STATE | ZIP CODE

NAME OF OWNER (Trailer or Towed Vehicle) | CURRENT ADDRESS (Number and Street) | CITY AND STATE | ZIP CODE

NAME OF MOTOR CARRIER (Commercial Vehicle Only) | CURRENT ADDRESS (Number and Street) | CITY , STATE AND ZIP CODE | US DOT or ICC MC IDENTIFICATION NUMBERS

NAME OF DRIVER (Take From Driver License) / PEDESTRIAN | CURRENT ADDRESS (Number and Street)) | CITY , STATE & ZIP CODE | DATE OF BIRTH

DRIVER LICENSE NUMBER | STATE | DL TYPE | REQ. END. | ALC/DRUG TEST TYPE 1 Blood 2 Breath 3 Urine 4 Refused 5 None | RESULTS | ALC/DRUG | PHYS.DEF | RES. | RACE | SEX | INJ. | S. EQUIP. | EJECT.

HAZARDOUS MATERIALS BEING TRANSPORTED 1 Yes 2 No | PLACARDED 1 Yes 2 No | IF YES, INDICATE NAME OR 4 DIGIT NUMBER FROM DIAMOND OR BOX ON PLACARD, AND 1 DIGIT NUMBER FROM BOTTOM OF DIAMOND | WAS HAZARDOUS MATERIAL SPILLED? 1 Yes 2 No | RECOMMEND DRIVER RE-EXAM, IF YES EXPLAIN IN NARRATIVE 1 Yes 2 No | DRIVER'S PHONE NO. ( )

Section — Vehicle ☐ / Pedestrian ☐

DRIVER ACTION 1. Phantom 2. Hit & Run 3. N/A | YEAR | MAKE | TYPE | USE | VEH. LICENSE NUMBER | STATE | VEHICLE IDENTIFICATION NUMBER

TRAILER OR TOWED VEHICLE INFORMATION | TRAILER TYPE

2 3 4 5 6 7 1 15 16 17 8 14 13 12 11 10 9 — 18. Undercarriage 19. Overturn 20. Windshield 21. Trailer — SHOW FIRST POINT OF VEHICLE DAMAGE AND CIRCLE DAMAGED AREA(S)

VEHICLE TRAVELLING N S E W | ON | AT | Est. MPH | Posted Speed | EST. VEHICLE DAMAGE | 1. Disabling 2. Functional 3. No Damage | EST. TRAILER DAMAGE

MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP) | POLICY NUMBER | VEHICLE REMOVED BY: | 1. Tow Rotation List 2. Tow Owner's Request 3. Driver 4. Other

NAME OF VEHICLE OWNER (Check Box If Same As Driver) ☐ | CURRENT ADDRESS (Number and Street)) | CITY AND STATE | ZIP CODE

NAME OF OWNER (Trailer or Towed Vehicle) | CURRENT ADDRESS (Number and Street) | CITY AND STATE | ZIP CODE

NAME OF MOTOR CARRIER (Commercial Vehicle Only) | CURRENT ADDRESS (Number and Street) | CITY , STATE AND ZIP CODE | US DOT or ICC MC IDENTIFICATION NUMBERS

NAME OF DRIVER (Take From Driver License) / PEDESTRIAN | CURRENT ADDRESS (Number and Street)) | CITY , STATE & ZIP CODE | DATE OF BIRTH

DRIVER LICENSE NUMBER | STATE | DL TYPE | REQ. END. | ALC/DRUG TEST TYPE 1 Blood 2 Breath 3 Urine 4 Refused 5 None | RESULTS | ALC/DRUG | PHYS.DEF | RES. | RACE | SEX | INJ. | S. EQUIP. | EJECT.

HAZARDOUS MATERIALS BEING TRANSPORTED 1 Yes 2 No | PLACARDED 1 Yes 2 No | IF YES, INDICATE NAME OR 4 DIGIT NUMBER FROM DIAMOND OR BOX ON PLACARD, AND 1 DIGIT NUMBER FROM BOTTOM OF DIAMOND | WAS HAZARDOUS MATERIAL SPILLED? 1 Yes 2 No | RECOMMEND DRIVER RE-EXAM, IF YES EXPLAIN IN NARRATIVE 1 Yes 2 No | DRIVER'S PHONE NO. ( )

PROPERTY DAMAGED - OTHER THAN VEHICLES	EST. AMOUNT $	OWNER'S NAME	ADDRESS	CITY	STATE ZIP
PROPERTY DAMAGED - OTHER THAN VEHICLES	EST. AMOUNT $	OWNER'S NAME	ADDRESS	CITY	STATE ZIP
PROPERTY DAMAGED - OTHER THAN VEHICLES	EST. AMOUNT $	OWNER'S NAME	ADDRESS	CITY	STATE ZIP
PROPERTY DAMAGED - OTHER THAN VEHICLES	EST. AMOUNT $	OWNER'S NAME	ADDRESS	CITY	STATE ZIP

WITNESS NAME (1) | CURRENT ADDRESS | CITY & STATE | ZIP CODE | WITNESS NAME (2) | CURRENT ADDRESS | CITY & STATE | ZIP CODE

WAS INVESTIGATION MADE AT SCENE? 1. YES 2. NO | IF NO , THEN WHERE? | IS INVESTIGATION COMPLETE? 1. YES 2. NO | IF NO , THEN WHY? | DATE OF REPORT | PHOTOS TAKEN 1. YES 2. NO | IF YES, BY WHOM? 1. INVESTIGATING AGENCY 2. OTHER

INVESTIGATOR - RANK & SIGNATURE | ID/BADGE NUMBER | DEPARTMENT | FHP SO PD OTHER

HSMV-90004 (REV. 1/02) Page _____ Of _____

CONTRIBUTING CAUSES - DRIVER / PEDESTRIAN

01 No Improper Driving / Action
02 Careless Driving (Explain In Narrative)
03 Failed To Yield Right - of - Way
04 Improper Backing
05 Improper Lane Change
06 Improper Turn
07 Alcohol - Under Influence
08 Drugs - Under Influence
09 Alcohol & Drugs - Under Influence
10 Followed Too Closely
11 Disregarded Traffic Signal
12 Exceeded Safe Speed Limit
13 Disregarded Stop Sign
14 Failed To Maintain Equip. / Vehicle
15 Improper Passing
16 Drove Left of Center
17 Exceeded Stated Speed Limit
18 Obstructing Traffic
19 Improper Load
20 Disregarded Other Traffic Control
21 Driving Wrong Side / Way
22 Fleeing Police
23 Vehicle Modified
24 Driver Distraction (Explain In Narrative)
77 All Other (Explain In Narrative)

VEHICLE DEFECT

01 No Defects
02 Def. Brakes
03 Worn / Smooth Tires
04 Defective / Improper Lights
05 Puncture / Blowout
06 Steering Mech.
07 Windshield Wipers
08 Equipment / Vehicle Defect
77 All Other (Explain In Narrative)

POINT OF COLLISION

01 On Road
02 Not On Road
03 Shoulder
04 Median
05 Turn Lane

WORK AREA

01 None
02 Nearby
03 Entered

VEHICLE MOVEMENT

01 Straight Ahead
02 Slowing / Stopped / Stalled
03 Making Left Turn
04 Backing
05 Making Right Turn
06 Changing Lanes
07 Entering / Leaving / Parking Space
08 Properly Parked
09 Improperly Parked
10 Making U-Turn
11 Passing
12 Driverless or Runaway Vehicle
77 All Other (Explain In Narrative)

VEHICLE SPECIAL FUNCTIONS

1 None
2 Farm
3 Police Pursuit
4 Recreational
5 Emergency Operation
6 Construction / Maintenance

SOURCE OF CARRIER INFORMATION

1 Not Applicable
2 Shipping Papers
3 Vehicle Side
4 Driver
5 Other

PEDESTRIAN ACTION

01 Crossing Not at Intersection
02 Crossing at Mid-block Crosswalk
03 Crossing at Intersection
04 Walking Along Road With Traffic
05 Walking Along Road Against Traffic
06 Working on Vehicle In Road
07 Working in Road
08 Standing/Playing In Road
09 Standing In Pedestrian Island
77 All Other (Explain In Narrative)
88 Unknown

FIRST / SUBSEQUENT HARMFUL EVENT(S)

01 Collision With MV in Transport(Rear End)
02 Collision With MV in Transport(Head On)
03 Collision With MV in Transport(Angle)
04 Collision With MV in Transport(Left Turn)
05 Collision With MV in Transport(Right Turn)
06 Collision With MV in Transport(Sideswipe)
07 Collision With MV in Transport(Backed Into)
08 Collision With Parked Car
09 Collision With MV on Roadway
10 Collision With Pedestrian
11 Collision With Bicycle
12 Collision With Bicycle (Bike Lane)
13 Collision With Moped
14 Collision With Train
15 Collision With Animal
16 MV Hit Sign / Sign Post
17 MV Hit Utility Pole / Light Pole
18 MV Hit Guardrail
19 MV Hit Fence
20 MV Hit Concrete Barrier Wall
21 MV Hit Bridge/Pier/Abutment/Rail
22 MV Hit Tree /Shrubbery
23 Collision With Construction Barricade Sign
24 Collision With Traffic Gate
25 Collision With Crash Attenuators
26 Collision With Fixed Object Above Road
27 MV Hit Other Fixed Object
28 Collision With Moveable Object On Road
29 MV Ran Into Ditch/Culvert
30 Ran Off Road Into Water
31 Overturned
32 Occupant Fell From Vehicle
33 Tractor/Trailer Jackknifed
34 Fire
35 Explosion
36 Downhill Runaway
37 Cargo Loss or Shift
38 Separation of Units
39 Median Crossover
77 All Other (Explain In Narrative)

(ADDITIONAL NARRATIVE)

ADDITIONAL PASSENGERS

SEC#	PASS#	PASSENGER 'S NAME	CURRENT ADDRESS	CITY & STATE	ZIP CODE	DATE OF BIRTH	RACE	SEX	LOC	INJ	S. EQUIP.	EJECT.
SEC#	PASS#	PASSENGER 'S NAME	CURRENT ADDRESS	CITY & STATE	ZIP CODE	DATE OF BIRTH	RACE	SEX	LOC	INJ	S. EQUIP.	EJECT.
SEC#	PASS#	PASSENGER 'S NAME	CURRENT ADDRESS	CITY & STATE	ZIP CODE	DATE OF BIRTH	RACE	SEX	LOC	INJ	S. EQUIP.	EJECT.
SEC#	PASS#	PASSENGER 'S NAME	CURRENT ADDRESS	CITY & STATE	ZIP CODE	DATE OF BIRTH	RACE	SEX	LOC	INJ	S. EQUIP.	EJECT.
SEC#	PASS#	PASSENGER 'S NAME	CURRENT ADDRESS	CITY & STATE	ZIP CODE	DATE OF BIRTH	RACE	SEX	LOC	INJ	S. EQUIP.	EJECT.
SEC#	PASS#	PASSENGER 'S NAME	CURRENT ADDRESS	CITY & STATE	ZIP CODE	DATE OF BIRTH	RACE	SEX	LOC	INJ	S. EQUIP.	EJECT.

Violator(s)	SECTION #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER
	SECTION #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER

Page _____ Of _____

FLORIDA TRAFFIC CRASH REPORT NARRATIVE/DIAGRAM

MAIL TO: DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES, TRAFFIC CRASH RECORDS SECTION, NEIL KIRKMAN BUILDING, TALLAHASSEE, FL 32399-0500

DO NOT WRITE IN THIS SPACE

TIME EMS NOTIFIED (FATALITIES ONLY)	TIME EMS ARRIVED (FATALITIES ONLY)	DATE OF CRASH	COUNTY / CITY CODE	INVEST. AGENCY REPORT NUMBER	HSMV CRASH REPORT NUMBER
☐ AM ☐ PM	☐ AM ☐ PM				

(NARRATIVE)

SEC#	PASS#	PASSENGER 'S NAME	CURRENT ADDRESS	CITY & STATE	ZIP CODE	DATE OF BIRTH	RACE	SEX	LOC	INJ	S. EQUIP.	EJECT.
SEC#	PASS#	PASSENGER 'S NAME	CURRENT ADDRESS	CITY & STATE	ZIP CODE	DATE OF BIRTH	RACE	SEX	LOC	INJ	S. EQUIP.	EJECT.
SEC#	PASS#	PASSENGER 'S NAME	CURRENT ADDRESS	CITY & STATE	ZIP CODE	DATE OF BIRTH	RACE	SEX	LOC	INJ	S. EQUIP.	EJECT.
SEC#	PASS#	PASSENGER 'S NAME	CURRENT ADDRESS	CITY & STATE	ZIP CODE	DATE OF BIRTH	RACE	SEX	LOC	INJ	S. EQUIP.	EJECT.
SEC#	PASS#	PASSENGER 'S NAME	CURRENT ADDRESS	CITY & STATE	ZIP CODE	DATE OF BIRTH	RACE	SEX	LOC	INJ	S. EQUIP.	EJECT.
SEC#	PASS#	PASSENGER 'S NAME	CURRENT ADDRESS	CITY & STATE	ZIP CODE	DATE OF BIRTH	RACE	SEX	LOC	INJ	S. EQUIP.	EJECT.

Violator(s)	SECTION #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER
	SECTION #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER

WITNESS NAME (1)	CURRENT ADDRESS	CITY & STATE	ZIP CODE	WITNESS NAME (2)	CURRENT ADDRESS	CITY & STATE	ZIP CODE

FIRST AID GIVEN BY - NAME: 1. Physician or Nurse 2. Paramedic or EMT 3. Police Officer 4. Certified 1st Aider 5. Other ☐

INJURED TAKEN TO:

BY - NAME

WAS INVESTIGATION MADE AT SCENE? 1. YES 2. NO ☐ IF NO, THEN WHERE?

IS INVESTIGATION COMPLETE? 1. YES 2. NO ☐ IF NO, THEN WHY?

DATE OF REPORT

PHOTOS TAKEN 1. YES 2. NO ☐ IF YES, BY WHOM? 1. INVESTIGATING AGENCY 2. OTHER ☐

INVESTIGATOR - RANK & SIGNATURE

ID/BADGE NUMBER

DEPARTMENT

FHP ☐ SO ☐ PD ☐ OTHER ☐

HSMV-90005 (Rev. 1/02)

Page _____ Of _____

DIAGRAM

INDICATE NORTH
WITH ARROW

Page _____ Of _____

HILLSBOROUGH COUNTY SHERIFF'S OFFICE

VEHICLE REPORT

PAGE ___ OF ___

1. Case No. | Event No.

7. Location of Incident Scene | 8. Grid | 5. Report Date Time

☐ FIR ☐ REPORT ☐ IMPOUND ☐ STOLEN ☐ RECOVERED

Year | Make | Model | Style

VIN/HIN | License | State | Color Top/Bottom

Type: ☐ Auto ☐ Aircraft ☐ Bus ☐ Trailer ☐ Semi-Tractor ☐ Farm Equipment ☐ Boat ☐ Van ☐ Truck ☐ Camper/RV ☐ Motorcycle ☐ Const. Equipment

Equipment: ☐ Decals ☐ Vinyl Roof ☐ Blackwalls ☐ Mag Wheels ☐ Loud Muffler ☐ White Lettered ☐ Stripes ☐ Wide Tires ☐ CB Antenna ☐ Whitewalls ☐ Custom Paint ☐ Tinted Window

BOAT or AIRCRAFT | Length | Propulsion | Hull/Fuselage Material

Interior Type | Color | Value | ☐ FCIC Checked ☐ NCIC Checked ☐ FCIC Entered ☐ NCIC Entered

Damage

Wrecked ☐ Yes ☐ No | Drivable ☐ Yes ☐ No | Status ☐ DUI ☐ Crash ☐ Road Obstruction ☐ Used in Felony ☐ Arson ☐ Abandoned ☐ VIN/HIN Altered ☐ Used by Subject

Mileage Stolen | Recovered/Impound | Opr No. | Impound Card No. | Removed By

Removed To | Signature

| Owner ☐ Same as Driver | Race | Sex | Age | DOB

Residence | Res. Phone

INVENTORY INFORMATION

Keys	☐ Yes	☐ No	Engine	☐ Yes	☐ No	Top	☐ Poor ☐ Fair	☐ Good
Radio	☐ Yes	☐ No	Battery	☐ Yes	☐ No	Hood	☐ Poor ☐ Fair	☐ Good
Tape Player	☐ Yes	☐ No	Wheels	☐ Yes	☐ No	Body	☐ Poor ☐ Fair	☐ Good
Seats-Front	☐ Yes	☐ No	Hub Caps	☐ Yes	☐ No	Upholstery	☐ Poor ☐ Fair	☐ Good
Seats-Rear	☐ Yes	☐ No	Spare Tire	☐ Yes	☐ No	Windows		
Air Conditioning	☐ Yes	☐ No	Fog Lights	☐ Yes	☐ No	L. F. Tire		
Rear View Mirror	☐ Yes	☐ No	Bumper-Rear	☐ Yes	☐ No	R. F. Tire		
Side View Mirror	☐ Yes	☐ No	Bumper-Front	☐ Yes	☐ No	R. R. Tire		
Windshield Wiper	☐ Yes	☐ No	Transmission	☐ Yes	☐ No	L. R. Tire		

I report the theft of my vehicle as described in the above referenced report. I hereby agree to: notify the Hillsborough County Sheriff's Office should this vehicle be recovered by any other agency or person; pay for any wrecker or storage charges which may be incurred upon recovery of this vehicle; prosecute the person charged with the above theft; testify against this person in court and assume all responsibility for any consequences which may result from my failure to comply with these agreements.

Signature | Date

Details

Reporting Officer | PID | SQ | Dist | Editing Supervisor | PID | SQ | Dist

20. ☐ D1 ☐ D3 ☐ Persons ☐ Vice ☐ Auto Theft ☐ Crime Analysis ☐ HRS ☐ D2 ☐ D4 ☐ Property ☐ Juvenile ☐ White Collar ☐ Reporting Officer ☐ Other... | Date

21. ☐ Active ☐ Exceptionally Cleared ☐ Death of Offender ☐ Juvenile/No Custody ☐ Direct File ☐ Inactive ☐ Cleared by Arrest ☐ Extradition Declined ☐ Victim/Witness Refused to Cooperate ☐ Unfounded ☐ Request for Prosecution ☐ Prosecution Declined ☐ Offender Charged with other Crimes

HILLSBOROUGH COUNTY SHERIFF'S OFFICE

DUI REPORT

PAGE 1 OF

Case No.	Event No.

☐ Crash ☐ Non-Crash	☐ Property Damage ☐ Personal Injury	☐ Serious Bodily Injury ☐ Manslaughter	SIG CODE 010	Statute No. 316.193	Grid

Incident Date	Time	Arrest Date	Time	DUI Citation No.	Crash Report Number/Agency

Location of Incident Scene	JUV ☐

	Name	Race	Sex	Age	DOB
Residence		Res. Phone			
Business		Bus. Phone			

	Name	Race	Sex	Age	DOB
Residence		Res. Phone			
Business		Bus. Phone			

Vehicle Information

Year	Make	Style	Color	License	State

Phase One: Vehicle in Motion

Driving Cue(s)

Weaving plus any other cue: p = at least .65 Any two cues: p = at least .50 *p ≥ .50 when combined with any other cue

Problems Maintaining Proper Lane Position

- ☐ Weaving
- ☐ Weaving across lane lines
- ☐ Straddling a lane line
- ☐ Swerving
- ☐ Turning with a wide radius
- ☐ Drifting
- ☐ Almost striking a vehicle or other object

Speed and Braking Problems

- ☐ Stopping problems (too far, too short, or too jerky)
- ☐ Accelerating or decelerating for no apparent reason
- ☐ Varying speed
- ☐ Slow speed (10+ mph under limit)

Vigilance Problems

- ☐ Driving in opposing lanes or wrong way on one-way street
- ☐ Slow response to traffic signals
- ☐ Slow or failure to respond to officer's signals
- ☐ Stopping in lane for no apparent reason
- ☐ Driving without headlights at night*
- ☐ Failure to signal or signal inconsistent with action*

Judgement Problems

- ☐ Following too closely
- ☐ Improper or unsafe lane change
- ☐ Illegal or improper turn (too fast, jerky, sharp, etc.)
- ☐ Driving on other than designated roadway
- ☐ Stopping inappropriately in response to officer
- ☐ Inappropriate or unusual behavior
- ☐ Appearing to be impaired

Phase Two: Personal Contact

Post Stop Cue(s) p ≥ .85

- ☐ Difficulty with motor vehicle controls
- ☐ Difficulty exiting the vehicle
- ☐ Fumbling with driver's license or registration
- ☐ Repeating questions or comments
- ☐ Swaying, unsteady, or balance problems
- ☐ Leaning on the vehicle or other object
- ☐ Slurred speech
- ☐ Slow to respond to officer/officer must repeat
- ☐ Provides incorrect information, changes answers
- ☐ Odor of alcoholic beverage from the driver

The number given represents the probability that a driver exhibiting that cue has a BAC equal to or greater than 0.08%. For example, .50 means that chances are 50 out of 100 that a driver will have a BAC equal to or greater than 0.08%. Source: National Highway Traffic Safety Administration.

Reporting Officer	PID	SQ	Dist	Editing Supervisor	PID

☐D1 ☐D3 ☐Persons ☐Vice ☐Auto Theft ☐HRS ☐Victim Adv
☐D2 ☐D4 ☐Property ☐Juvenile ☐White Collar ☐SAO ☐Other _____ Date

☐Active ☐Exceptionally Cleared ☐Death of Offender ☐Juvenile/No Custody ☐Direct File
☐Inactive ☐Cleared by Arrest ☐Extradition Declined ☐Victim/Witness Refused to Cooperate
☐Unfounded ☐Request for Prosecution ☐Prosecution Declined ☐Offender Charged with other Crimes

HCSO(ENF) 256 Rev.6/01

HILLSBOROUGH COUNTY SHERIFF'S OFFICE
DUI REPORT

☐ **CONFIDENTIAL**
Page 2 of

Case No.

	Name	**Race**	**Sex**	**Age**	**DOB**

Residence | **Res. Phone**

Business | **Bus. Phone**

Open containers and/or drugs in vehicle? ☐ Yes ☐ No **Type and location:**

Phase Three: Pre-Arrest Screening
Standardized Field Sobriety Tests

Sobriety Tests Performed ☐ Yes ☐ No ☐Partial ☐ Unable ☐ Refused **Test Surface** _____
Video ☐ Roadside ☐ Central Breath ☐ Central Breath (Implied Consent Only) ☐ None
Medical condition, injury or illness? ☐ Yes ☐ No **Type of Footwear** _____
What type? _____
Physical defects? ☐ Yes ☐ No **What type?** _____

Horizontal Gaze Nystagmus Not administered ☐
Glasses? ☐ Yes ☐ No
Equal Pupil Size? ☐ Yes ☐ No
Equal Tracking? ☐ Yes ☐ No

☐ Lack of smooth pursuit: Left eye
☐ Lack of smooth pursuit: Right eye
☐ Distinct nystagmus at maximum deviation: Left eye
☐ Distinct nystagmus at maximum deviation: Right eye
☐ Onset of nystagmus prior to 45 degrees: Left eye
☐ Onset of nystagmus prior to 45 degrees: Right eye
___ Total (4 or more: BAC likely above .08)

Vertical Nystagmus Present? ☐ Yes ☐ No

Walk and Turn Not administered ☐

☐ Cannot keep balance while listening to instructions
☐ Starts before the instructions are finished
☐ Stops while walking to steady self
☐ Does not touch heel-to-toe (____ times)
☐ Steps off the line (On steps _____)
☐ Uses arms for balance
☐ Loses balance while turning or turns improperly
☐ Incorrect number of steps
☐ Cannot do the test (Score as 8)
___ Total (2 or more: BAC likely above .08)

One Leg Stand Not administered ☐
Leg Raised ☐ Right ☐ Left

☐ Sways while balancing
☐ Uses arms for balance
☐ Hopping
☐ Puts foot down (____ times)
☐ Cannot do test
___ Total (2 or more: BAC likely above .08)

Finger to Nose Not administered ☐

☐ Eyes do not remain closed
☐ Fails to return arm to side
☐ Misses nose with index finger (____ times)
☐ Uses wrong hand
☐ Cannot do test
___ Total

Romberg/Alphabet Not administered ☐

☐ Eyes do not remain closed
☐ Sways more than 2 inches
☐ Uses arms for balance
☐ Incorrectly recites alphabet
☐ Cannot do test
___ Total

Miranda Read? ☐ Yes ☐ No	**Read by:**	**Date**	**Time**

Are you taking drugs or medicines of any kind? ☐ Yes ☐ No **If yes, what type and when taken?**

Type and amount of alcoholic beverage(s) and/or drugs consumed in last several hours?

Central Breath Testing ☐ ***Mobile Breath Testing Unit*** ☐

Implied Consent read: ☐ Yes ☐ No	**Read by:**	**Date**	**Time**

Chemical Test: ☐ Blood ☐ Breath ☐ Urine ☐ Refused ☐ Unable **Analysis result(s)** _____

Independent blood test requested by defendent? ☐ Yes ☐ No

HILLSBOROUGH COUNTY SHERIFF'S OFFICE
Vehicle Damage Report

[ ] Traffic Crash
[ ] Non-Traffic Crash
[ ] Criminal

HCSO Case Number

Date Occurred	Time Occurred	**Damage Report Number**

Street, Road or Highway

At Intersection of [ ] **N** [ ] **S** [ ] **E** [ ] **W** of Intersection of

Or _____ [ ] **FT** [ ] **MILES**

Sheriff's Office [ ] VEH Number (*Enter Number*)	Damage $	Driver	PID	Division/ District
		DL#	Class	Issuing State / Expires

Traveling [ ] **N** [ ] **S** [ ] **E** [ ] **W** on At **MPH**	Posted Speed

BAC Test: [ ]Yes [ ]No Results_____	Drug Test: [ ]Yes [ ]No Results_____	Tag Number_____ VEH. Make _____ VEH. Year _____	HCSO Vehicle Number [ ] Marked [ ] UnMarked

[ ] VEH Number [ ] PED Number (*Enter Number*)	Damage $	Driver or Pedestrian:	
		DL#	Class / Issuing State / Expires

Traveling [ ] **N** [ ] **S** [ ] **E** [ ] **W** on At **MPH**	Posted Speed

BAC Test: [ ]Yes [ ]No Results_____	Drug Test: [ ]Yes [ ]No Results_____	Tag Number _____ VEH. Make _____ VEH. Year _____	State

Diagram

Indicate North

Injury [ ] No [ ] Yes	Other Property Damage [ ] No [ ] Yes $ _____	Number of Vehicles _____ Use additional sheets as necessary	Photographs by:
Traffic Crash Report Number	Investigating Supervisor	District	Extension

PAGE ____ OF ____

HCSO(SVCS) 686 Rev. 4/99

PAGE ____ OF ____

Was HCSO Legal Notified: [ ]Yes [ ]No [ ]N/A By Whom: _____ Was S.O. employee on duty at time of crash: [ ]Yes [ ]No	Damage Report No.
Type of Call:	Case # / Event #
Was vehicle in Emergency Operation: [ ]Yes [ ]No	[ ]Lights [ ]Siren [ ]Both
Why was vehicle in Emergency Operation:	
Investigating THI/Deputy:	PID: / District: / Phone Extension:

Narrative:

Passengers:

Name	Veh.#	Location In Vehicle	Describe Injury	Medical Treatment Code

Violator	Florida Statute #	Charge	Citation #

Witness: Name	Address	Phone #

Contributing Causes - Driver/Pedestrian

	1	2	3
01 No improper Driving/Action			
02 Careless Driving			
03 Failed to Yield Right-of-Way			
04 Improper Backing			
05 Improper Lane Change			
06 Improper turn			
07 Alcohol-Under Influence			
08 Drugs-Under Influence			
09 Alcohol & Drugs-Under Influence			
10 Followed Too Closely			
11 Disregarded Traffic Signal			
12 Exceeded Safe Speed Limit			
13 Disregarded Stop Sign			
14 Failed to Maintain Equip./Vehicle			
15 Improper Passing			
16 Drove Left of Center			
17 Exceeded Stated Speed Limit			
18 Obstructing Traffic			
19 Improper Load			
20 Disregarded Other Traffic Control			
21 Driving Wrong Side/Way			
77 All Other (Explain in Narrative)			

Codes: **FR** - Fire Resuce / EMS; **HOSP** - Hospital
FA - First Aid by Deputy; **O** - Other

Hillsborough County Sheriff's Office

Description Of Accident Form

-To be Filled Out By Injured Employee or Immediate Supervisor-

Name: _____ Date: _____ SS#: _____

Department Name: _____ Job Title: _____

Date and Time of Accident: _____

Location of Accident: _____

Did Employee Go To The Doctor?: YES NO (IF YES, PLEASE ATTACH MEDICAL DOCUMENTATION)

Return to Work: ____ Yes ____ No If Yes, Give Date: _____

Please Describe In Your Own Words, How the Accident Occurred: _____

_____

_____

_____

_____

_____

_____

_____

_____

_____

LIST WITNESSES TO ACCIDENT: _____

_____

Employee's Signature: _____ PID#: _____ Date: _____

Supervisor: ____ Concurs ____ Does not Concur (Attach Supplemental Documentation)

Supervisor's Signature: _____ PID#: _____ Date: _____

Bureau/Division Signature: _____ PID#: _____ Date: _____

SO(GEN)540 (6/99)

Administrative Reports

PRESS RELEASE

CLASSIFICATION: _____ REPORT NO: _____ TIME OF OFFENSE: _____

DATE OF OFFENSE: _____ LOCATION: _____

INVESTIGATING OFFICERS: _____

COMPLAINANT OR VICTIM: * _____ AGE: _____

ADDRESS: _____

ARRESTED: _____ AGE: _____
ADDRESS: _____
CHARGE(S) : _____ BOND: _____
PLACE OF ARREST: _____ DATE: _____

ARRESTED: _____ AGE: _____
ADDRESS: _____
CHARGE(S): _____ BOND: _____
PLACE OF ARREST: _____ DATE: _____

ARRESTED: _____ AGE: _____
ADDRESS: _____
CHARGE(S): _____ BOND: _____
PLACE OF ARREST: _____ DATE: _____

SYNOPSIS (INCLUDES CIRCUMSTANCES OF OFFENSE AND ARREST, PROPERTY RECOVERED, VALUE, ADDITIONAL CASES CLEARED, AND/OR ADDITIONAL ARRESTS PENDING)

_____

* EXCEPTIONS S.O.P. 19, Sect. VI B.

Distribution: Two Copies
1 - P.I.O. Office
1 - Communications Supervisor

SO(ENF) 237 (1/88)

CASE NUMBER

DIRECTED PATROL ACTIVITY
REQUEST

Type_____ Grid_____ Zone(s)_____
(Formal, Informal)

Location Name_____
(Example: Eastlake Sq Mall, Moses White Apts, etc.)

Address_____ Cross Street_____
(Street Address or Primary Roadway)

Nature of Problem_____
(Traffic, Crowd Control, Burglary, Trespass, etc.)

Sub - Problem_____
(DUI, Speed, Parade, Bike Race, etc.)

Date to Begin_____ Date to End_____

Hours of DPA_____ Days of DPA_____

Manpower_____ Vehicles_____

Special Equipment_____
(Radar, Unmarked Vehicle, Motorcycle, etc.)

Expected Results_____

Special Instructions_____

DPA Supervisor(s)_____

Complainant:_____

Address:_____

Telephone:_____

_____
Requested By Date

Approved	Disapproved	Name	Rank
☐	☐		
☐	☐		

SO 591

Case Number: _____ Total Patrol Time: _____

Location: _____ Time Period: _____

Directed Patrol Activity After-Action Report

Date: From _____ To _____

Date: Time Used: Activity Summary:	Date: Time Used: Activity Summary:	Date: Time Used: Activity Summary:	Date: Time Used: Activity Summary:
Date: Time Used: Activity Summary:	Date: Time Used: Activity Summary:	Date: Time Used: Activity Summary:	Date: Time Used: Activity Summary:
Date: Time Used: Activity Summary:	Date: Time Used: Activity Summary:	Date: Time Used: Activity Summary:	Date: Time Used: Activity Summary:
Date: Time Used: Activity Summary:	Date: Time Used: Activity Summary:	Date: Time Used: Activity Summary:	Date: Time Used: Activity Summary:
Date: Time Used: Activity Summary:	Date: Time Used: Activity Summary:	Date: Time Used: Activity Summary:	Date: Time Used: Activity Summary:

Remarks: _____

_____

Deputy: _____ PID: _____ Date: _____

CAL HENDERSON, SHERIFF
Hillsborough County
Tampa, Florida

INTER-OFFICE
MEMORANDUM

DATE: _____

TO: Captain _____
District ____

FROM: _____ PID #____
Squad #_____

RE: D.P.A. Summary #_____
Location: _____

MESSAGE:

Squad statistics on the above-listed D.P.A. are as follows:

Total Patrol time (# of hours) _____

Moving Violations _____

Non-Moving Violations _____

DUI Arrests _____

Traffic Warnings _____

Felony Arrests _____

Misdemeanor Arrests _____

FIRs _____

Citizen Contacts _____

Citations to Local Residents _____

Total Reports Written _____

APPROVED	DISAPPROVED	ACK	DATE	NAME	TITLE
[ ]	[ ]	[ ]	_____	_____	_____
[ ]	[ ]	[ ]	_____	_____	_____
[ ]	[ ]	[ ]	_____	_____	_____
[ ]	[ ]	[ ]	_____	_____	_____

HCSO(ENF) 228 Rev. 12/98

HILLSBOROUGH COUNTY SHERIFF'S OFFICE

Request For Security Check

(Vacation Only)

Received
Date and Time:_____

Name_____ Address_____ Telephone_____

Departure Date_____ Return Date_____ Destination_____

Residence_____ Business_____ Security System? _____Yes _____No

Automatic Lights? _____Yes _____No If yes, give location:_____

Have keys been left with anyone? _____Yes _____No Telephone #:_____

Will anyone be working about or have access to the premises during your absence? _____Yes _____No

Names_____ Address_____ Telephone_____

Vehicles left on premises:_____

In case of an Emergency, do you wish to be notified by a Collect Call? _____Yes _____No

C/O Name_____ Address_____ Telephone_____

Officer's Security Check Report

Date	Time	State If Premises Secure or Other	Officer's Initials

WAIVER OF LIABILITY

Dear Resident:

This security check service is in no way guarantees that your property will be safe from vandalism or burglary, but merely provides the Hillsborough County Sheriff's Office with information of your whereabouts and other pertinent facts, should a crime occur.

— HAVE A SAFE JOURNEY AND PLEASE CALL US UPON YOUR RETURN HOME. —

I request a security check be made of my premises during my absence and agree to notify you of my return.

Signed_____ Date_____

HCSO(ENF) 287 Rev. 7/95

DISTRICT II
CRIME ANALYSIS REQUEST FORM

Date_____

SECTION/SQUAD

Detectives_____ **Patrol**_____ **Selective Enforcement**_____ **CRD**_____

Name _____
Pid _____
Squad#_____

REQUEST TYPE

Maps_____**specifics**_____
_____
_____
_____
_____

Suspect(Search)_____**specifics**_____
_____
_____
_____
_____

Crime/Calls for ServiceStatistics_____**Area/Grid(s)**_____
Nature Code/Crime_____

Other(specify)_____

Approved By:_____

District II Crime Analyst, John Chaffin, x0864

Hillsborough County Sheriff's Office
Assailant Control Report

Date: Incident Report#: Event#: Grid: Page 1 of

Location:

Initial Incident (Circle Only One): Domestic Violence Baker Act Disturbance Traffic Stop Assault/Battery Warrant

Other:

ASSAILANT(S)				DEPUTY(S)		
Name	Race	Sex	DOB	Name	Pid #	Squad #

CODES

Assailant Level of Resistance *(check all that apply)*				Level of Control Force for Compliance (Mechanical Compliance) *(check all that apply)*
	Not Armed			Assailant taken to ground
	Armed With:			3-Point pain compliance technique
	Other:			Assailant hobbled
	Hands		Legs	Pad subdue

Grabbed Deputy's Equipment *(i.e. Firearm, Baton, Radio)*	Assailant Struck Deputy *(check all that apply)*
	_head _face _chest _legs _back _arms

INJURIES *(check all that apply)*			Less Lethal Munitions:
Deputy		Assailant	
	No visible injuries		Mechanical Control Countermeasures:
	Minor scrapes/bruises		
	Known visible injuries		Chemical Agent:
	Hospitalized		Effective *(circle one)*: Yes / No
Medical Comments:			Baton:
			Other:
			Photographs *(check all that apply)*
			_Deputy _Assailant

Deputy:	Pid:	District:	Squad:	Date:

Additional Comments:

Routing: FORWARD ORIGINAL FORM AND A COPY OF INCIDENT REPORT TO YOUR DEPARTMENT COMMANDER. THE DEPARTMENT COMMANDER SHALL THEN FORWARD THE ORIGINAL FORM AND REPORT TO THE TRAINING BUREAU, AND A COPY OF THE FORM TO INTERNAL AFFAIRS. DO NOT ATTACH PHOTOS TO THIS FORM WHEN FORWARDING.

SO(ENF)267 (6/01) OVER

Date:	Page 2 of
Incident Report #:	Event #:

DETAILS OF SUPERVISORY INVESTIGATION:

Supervisor:	Pid:	District:	Squad:	Date:
Shift Commander:				
District Commander:				

Routing : FORWARD ORIGINAL FORM AND A COPY OF INCIDENT REPORT TO YOUR DEPARTMENT COMMANDER. THE DEPARTMENT COMMANDER SHALL THEN FORWARD THE ORIGINAL FORM AND REPORT TO THE TRAINING BUREAU, AND A COPY OF THE FORM TO INTERNAL AFFAIRS. DO NOT ATTACH PHOTOS TO THIS FORM WHEN FORWARDING.

OVER

Hillsborough County Sheriff's Office
EXPOSURE INCIDENT REPORT

CASE# _____

A. IDENTIFICATION - (employee):

1. Name: _____ (Last, First ..... M.I.)
2. PID#: _____ Div: _____
3. SSN: _____/_____/_____

B. EXPOSURE:

1. Date: ___/___/___ Time: _____
2. Body parts exposed: _____

C. IDENTIFICATION - (Source, *if known*):

1. Name: _____ (Last, First M.I.) Sex: ___ DOB: ___/___/___ SSN: ____/___/____
2. Address: _____ City: _____ State: ___ ZIP: _____
3. Phone: (____)_____ Transported to: _____

D. TYPE OF EXPOSURE:

[ ] 1. No contact with blood or body fluid
[ ] 2. Needle stick
[ ] 3. Bite
[ ] 4. Puncture by: _____
[ ] 5. Laceration by: _____
[ ] 6. Abrasion (rub or grinding) by: _____
[ ] 7. Splash to: [ ] (a) Skin - no break in skin
[ ] (b) Skin broken - explain: _____
[ ] (c) Mouth, [ ] (d) Eye, [ ] (e) Ear, [ ] (f) Nose
[ ] 8. Inhalation

E. TYPE OF FLUID:

[ ] 1. Blood, [ ] 2. Saliva, [ ] 3. Vomitus, [ ] 4. Mucus,
[ ] 5. Semen, [ ] 6. Urine, [ ] 7. Feces, [ ] 8. Sweat,
[ ] 9. Tears, [ ] 10. Exhaled Air
[ ] 11. Other: _____

F. AMOUNT OF EXPOSURE:

[ ] 1. Less than one drop
[ ] 2. One drop to one teaspoon
[ ] 3. Over one teaspoon
[ ] 4. Unknown

G. INFECTIOUS RISK:
(Believed to be present)

[ ] 1. HIV
[ ] 2. Hepatitis: Type: [ ] A, [ ] B, [ ] C, [ ] Unknown
[ ] 3. Syphilis [ ] 4. Gonorrhea
[ ] 5. Tuberculosis (TB)
[ ] 6. Meningitis
[ ] 7. Other: _____
[ ] 8. Unknown

H. PRE - EXPOSURE PROTECTION:

[ ] 1. Gloves
[ ] 2. Mask
[ ] 3. Eye protection
[ ] 4. Resuscitation mask

I. VACCINATION/TETANUS:

[ ] 1. Hepatitis - B (complete 3 shot series)
_____ Date
[ ] 2. Tetanus _____ Date
[ ] 3. Tuberculosis (TB) _____ Date
[ ] 4. None of the above (explain in narrative)

HCSO(GEN) 595 Rev 5/95 *(Please complete reverse side)*

POST - EXPOSURE PRECAUTIONS TAKEN

1. Washed exposed areas after contact:

[ ] (a) with disinfectant [ ] (b) with soap [ ] (c) other (describe): _____

2. Recommendations to prevent recurrence: _____

3. Complete in detail:

(a) How exposure occurred; (b) If protective equipment not used (box H-6), explain reason: (use additional sheets if necessary): _____

Hillsborough County Sheriff's Office
Vehicle Pursuit Critique

Date:	Page 1 of
Incident Report #:	Event #:

LOCATION		PURSUING DEPUTY	
Started:	Grid:	Name:	
Terminated:		Squad #:	Pid #:

OTHER ASSISTING OFFICERS / SUPERVISORS / OTHER AGENCY

Name	Pid #	Squad #	Agency	Name	Pid #	Squad #	Agency

Air Service *(circle)* yes no	Pilot:	Pid #:
	Observer:	Pid #:

REASON FOR PURSUIT *(circle ONLY one)*

Probable Cause (Felony) DUI Witness Crime Assist Other Agency Other

If applicable, state the probable cause for the attempted traffic stop of suspect vehicle, which occurred prior to the onset of the pursuit. Explanation also required to support initiation and continuation of pursuit:

REASON PURSUIT TERMINATED *(circle ONLY one)*

Sp. Stopped Veh. (compliance) Sp.Crashed Veh. Deputy Crashed Veh. Supervisor Cancelled Deputy Cancelled Stop Sticks VIP Other

Explanation:

Routing : FORWARD ORIGINAL FORM AND A COPY OF INCIDENT REPORT TO YOUR DEPARTMENT COMMANDER. THE DEPARTMENT COMMANDER SHALL THEN FORWARD THE ORIGINAL FORM AND REPORT TO THE TRAINING BUREAU, AND A COPY OF THE FORM TO INTERNAL AFFAIRS. DO NOT ATTACH PHOTOS TO THIS FORM WHEN FORWARDING.

SO(ENF)266 (06/01) OVER

Incident Report #:	Page 2 of

LENGTH OF PURSUIT *(circle one of each)*

Distance *(in miles)*				Time *(in minutes)*			
less than 1	1-3	3-10	more than 10	less than 1	1-3	3-10	more than 10

ROUTE OF TRAVEL *(circle all that apply)*

Residential	Commercial	Rural Road	County Road	Limited Access Road	State Road

Other:

INJURIES *(circle all that apply)*

HCSO = (H) Civilian = (C) Perpetrator = (P)

None	Minor	Serious	Fatality
H C P	H C P	H C P	H C P

PROPERTY DAMAGE *(circle all that apply)*

Crash Report	None	Less than $1000.	More than $1000.
yes no	H C P	H C P	H C P

SUSPECT INFORMATION

Last Name:	First Name:	Suspect Fled / Arrested (circle one)
Race:	Sex:	DOB:
Charges:		

Reporting Supervisor:	Pid #:

CRITIQUE

Name	Pid#	Initials
Deputy:		
Reporting Supervisor:		
Shift Lieutenant:		
District Captain:		

Summary of Comments:

Date of Critique:

District/Division Commander:	Pid #:

Routing : FORWARD ORIGINAL FORM AND A COPY OF INCIDENT REPORT TO YOUR DEPARTMENT COMMANDER. THE DEPARTMENT COMMANDER SHALL THEN FORWARD THE ORIGINAL FORM AND REPORT TO THE TRAINING BUREAU, AND A COPY OF THE FORM TO INTERNAL AFFAIRS. DO NOT ATTACH PHOTOS TO THIS FORM WHEN FORWARDING.

OVER

Hillsborough County Sheriff's Office
FCIC - NCIC DATA

FL0290000
PAGE____OF ____

1. Case # (OCA) | Event #

Date of Theft (DOT) | 5. Date of Report | Time | [ ] ENTER [ ] MODIFY [ ] CANCEL

[ ] MISSING ADULT [ ] MISSING JUVENILE [ ] ENDANGERED

LAST NAME (NAM)	FIRST	MIDDLE	RACE	SEX	DOB

Height (HGT)	Weight (WGT)	Hair Color (HAI)	Eye Color (EYE)	Skin Tone (SKN)	Date of Last Contact	Emancipation Date(DOE)

Social Security # (SOC)	Jewelry (JWT)	Operator License # (OLN)	State (OLS)	Year Expires (OLY)

Fingerprint Classification (FPC)	Last Recorded Address (LRA)	City (CIT)	State

Also Known As (AKA)	Scars, Marks, Tattoos (SMT)

Birth City (BCI)	County (BCN)	State	Pick up Code (PIK)	(OFF)	(INC)

[ ] VEHICLE/TAG [ ] TRAILER/TAG [ ] VEHICLE ONLY [ ] TRAILER ONLY [ ] TAG ONLY [ ] AIRCRAFT

Year (VYR)	Make (VMA)	Model (VMO)	Style (VST)	Color (s) (VCO)

Vehicle Identification Number (VIN) (LIC) (LIY) (LIS) (LIT)

[ ] FIREARM [ ] ARTICLE [ ] STATUS (sta): [ ] ABANDON [ ] STOLEN [ ] RECOVERED

Make / Brand (MAK)(BRA)	Model (MOD)	Caliber (CAL)	Type (TYP)

Finish	Serial Number (SER)	OAN #	Value (VAL)

BOAT

Year (BYR)	Make (BMA)	Boat Type (BTY)	Length (BLE)	Hull ID Number (BHN)	Hull Material (HUL)

Color (BCO)	Propulsion (PRO)	Registration Number (REG)	State (RES)	Year (REY)

PARTS [ ] VEHICLE [ ] BOAT [ ] OTHER

Brand (BRA)	Category (CAT)	Serial Number (SER)	OAN #

[ ] Owner [ ] Return to	Address	Phone Res.	Bus.

Remarks (REM)

Reporting Officer	Unit	Pid #	Grid	Zone	Dist	Copy to:

OFFICE USE ONLY

Received By	Position	FCIC Entry By	NCIC Entry By
Date Validated	Validated By	FCIC Canceled By	NCIC Canceled By

SMV #	Person Control #	National ID Control # (NIC)

SO(SERV) 645 (6/93)

HILLSBOROUGH COUNTY SHERIFF'S OFFICE

UNIFORM CRIME REPORT CLEARANCE SUPPLEMENT

(THIS FORM IS TO BE UTILIZED FOR **ALL** CLEARANCES)

1.	**CASE NUMBER**	
2.	**CHECK APPROPRIATE CLEARANCE BOX**	
	UNF -	Unfounded
	CBA -	Cleared by Arrest or Juveniles/Adults who are Physically Arrested or Personally served with a Summons/Notice to Appear
	EXP -	Exceptional Clearance - If **all** of the following questions can be answered "yes", then the offense may be listed as exceptionally cleared: 1. Has the investigation definitely established the identity of the offender? 2. Is there enough information to support an arrest, charge and prosecution? 3. Do you know the exact location of the offender so that you could take him into custody now? 4. Is there some reason beyond law enforcement control that stops you from arresting, charging and prosecuting the offender?
	EXA -	Defendant Cooperating Causing Other Cases To Clear
	EXD -	Death of Offender
	EXW -	Waiver of Prosecution - Victim does not wish to Prosecute or Cooperate **(Waiver must be attached to report)**
	EXX -	Extradition Declined
3.	**DATE OF CLEARANCE**	

4. NUMBER OF DEFENDANTS/SUSPECTS ASSOCIATED WITH ABOVE CLEARANCE:	**5. NUMBER OF DEFENDANTS/SUSPECTS OF EACH RACE ASSOCIATED WITH ABOVE CLEARANCE:**
Adult(s) Male____ Female____ Juvenile(s) Male____ Female____	White _____ Black _____ Asian _____ American Indian _____

6. Reporting Officer	**PID**	**SQ**	**Dist**	**7. Editing Supervisor**	**PID**	**SQ**	**Dist**

HCSO(GEN) 507 Rev. 4/00