Rev. 9.1

## **ALABAMA UNIFORM INCIDENT/OFFENSE REPORT**

1 ORI # AL0630100		2 Date of Report 03/28/15		ı	3 Time of Report ☐ A 19:25:39 ☐ F		☐ Offense			•	5 Supplement Date			6 Agency Case Number 150328172				7 Suf		Suffix	
	ncy Name	00.2		1		⊠ MIL		L	Suppler	nent			1.0			9 Sector					
TUSCALOOSA POLICE DEPARTMENT											LA	LAW4									
	10 Type of Incident or Offense  Felony  Misdemeanor  Attempted  Completed  11 Degree  12 UCR Code												13	13 State Code/Local Ordinance							
	DV 3 Assault 3													13A-6-132AS							
	14 Type of Incident or Offense  Felony  Misdemeanor  Attempted  Completed  15 Degree  16 UCR Code  DV 3 Criminal Mischief  3													17	17 State Code/Local Ordinance 13A-11-132CM3						
	18 Place of Occurrence Check here if event occurred at victim's residence Victim Demographics (Where victim is an indi														ividual)						
EVENT	100 BLOCK	15TH ST	E.		010111 00001		19 Sex								22 Signal Multiple Victims				ļ		
	TUSCALC If offense oc		ctim's resi	dence, then o	, AL , 35401 ation should be listed in this be occurred elsewhere, then the			F X Sother				LE Officer			24						
	section. (For specific addr	example, a ess should	a block nur be listed h	mber should b nere.	pe entered.)	If the offen	se occurred	d elsewh	ere, then th	ne 24	Offender S Alcohol	Suspected	of Using	rugs /A 25	Juven Adult None	Juvenile Gang 26 Hate Bias Adult Gang Yes				ode	
ΕV	20 Point of E	atra (	1,	20 Method of	Entry			21   000	IIIoo I 22	Lighting	Compute	r Equipme	nt 😾 N			Unknown	$\boxtimes$	No			
	29 Point of E  Door	Ro	oof	30 Method of Forc	orcible	rcible 31 Local Use 32 Lighting 4 - Ar			ificial Interior 33 Weather 2 - Cloud				34 Location Type  1v 20 - Residen				ce/Home				
	35 Occurred		her D/YY	☐ No F	M 37 Da							39 Time of	•				Day of Week				
		28/15		17:	36 Time of Event ☐ AM   37 Day of Week ☐ 38 Occurred to MM/DD/YY ☐ 39 Time ☐ 17:00:00 ☐ PM ☐ MIL ☐ Saturday ☐ 38 Occurred to MM/DD/YY ☐ 39 Time ☐ 30 Time ☐									☐ PM ☐ MIL							
	41 # Premise	s		42 Type C	riminal Activ		·- I		3 Victim Ty	ре							IVIIL				
	Entered (Bur								l - Ir	ndivid	ual										
	44 Loss	45	46 Qty	47 Property Description										48 E	48 Dollar Value			49 Recovered			
	Code Pro	perty Code	40 Qty		Include Make, Model, Size Type, Serial #, Color, Drug Type, Drug Qty, Etc.										Stolen	Dama	aged	Date	٧	alue	
	D	29	1	BEDROC	M CLOS	SET DOC	OR W/ H	OLE P	UNCHE	D IN IT											
Ţ																					
PROPERTY																					
RC																					
Ь												☐ Contir	nued on	Supplement							
	Loss Code (Enter letter i	n loss cod	le column		Property C (Enter # in		07 Comp			16 House 17 Jewelr	hold Goods		Purse/\	Vallet TV/VCR		34 Structure - Storage 35 Structure - Other					
	N - None B - Burned				type colum 01 Aircraft		09 Credit 10 Drugs	Card		18 Livesto 19 Merch	ock	27	Record RV's			36 Tools - Power/Hand 37 Trucks					
	F - Forged/C				02 Alcohol 11 Drug Equip 20 Money 29 Structure - Single Occup 03 Autos 12 Farm Equip 21 Negotiable Instrument 30 Structure - Other Dwellin											ancy Dwelling 38 Vehicle Parts/Accessorie				ries	
	R - Recovere	R - Recovered 04 Bicycles 13 Firearms 22 Non-negotiable Instru 31 Structure - Other Co										mmercial	mmercial 77 Other								
	C - Confisca S - Stolen	ed/Seized			06 Clothes		15 Heavy				Motor Vehic			re - Industrial re - Public/Co		auring					
	50 Stolen	Area Sto	_	Residence		ership 🔲						2 Veh. Cat	egories	Recove		☐ Victi			Aban	doned	
S	Vehicle Only 53 Veh.Year	54 Vehi	iness cle Make	Rural	verified 55 Vehice	by:     I	Bill of Sale			r Veh. Sto		Stolen	ription	Suspec	ct's Vehicle	e 🔲 Una	uthoriz	ed Use			
쁘																					
VEHICLE	58 Vehicle Style 59 Vehicle Color Top							Bottom					60 License			61 LST   62 LIY			63 Tag Color		
ᇤ	64 Vehicle VI	N Number		·										rant Signed	Warrant	Number					
<b>&gt;</b>	Motor Vehicle	Recovery	Only	66 Stolen in	n your jurisd	liction?					6	Yes No vvarrant number									
	Required For 24XX UCR Code Yes No Where?										[	Yes   No Where?						70.05			
_	68 Case #				69 S	F.X.	70 Case #					/1 SFX		r∠ Case #					73 SF	`	
6	74 Case Stat	us 75 _	T Multi-1∈	Cases Close	d Lietad At-	200	76 Enter	red ACJI	C/NCIC			   77 C	ase Disp	osition	1:	78 Excepti	onal Cl	learance			
Ě	3 - Close	.    -		Cases Close				∕es □ N					Clea	red by Aı		·					
RA										Date (MN	M/DD/YY)		(	Adult)							
ST	WILSON, C O  70 Parastics Offices  Offices ID Number 200 Assisting Offices																_	Office - ID *	lumber		
Ĭ		9 Reporting Officer         Officer ID Number         80 Assisting Officer           CA BIGHAM         1439         C. BAISDEN											Officer ID Numl								
		Supervisor Approval Officer ID Number 82 Watch Commander														Officer ID Number					
<b>ADMINISTRATION</b>		Libraria.								1											
Ø	NIC/AIN #:																				

⊠ Original (First Report)

☐ Additional (Victims, Witnesses, etc.)

□ Supplemental