

**UNIVERSITY OF TEXAS AT DALLAS  
POLICE DEPARTMENT  
OFFENSE**

LOCATION OF OCCURRANCE / ADDRESS / /										CASE NO.		
										RELATED NO.		
CODE SECTION		CRIME DESCRIPTION				CLASSIFICATION				LOSS RECOVERY		
DATE AND TIME FROM		DATE AND TIME REPORTED		<input type="checkbox"/> EVIDENCE	<input type="checkbox"/> ALCOHOL	COPIES TO		CASE STATUS				
				<input type="checkbox"/> TRAFFIC	<input type="checkbox"/> ARREST	<input type="checkbox"/> CHIEF	<input type="checkbox"/> U.T. SYS POLICE					
DATE AND TIME TO		ASSIGNED BY		<input type="checkbox"/> GANG	<input type="checkbox"/> DOM.VIOLENCE	<input type="checkbox"/> DR. JENIFER	<input type="checkbox"/> COLLIN CTY D.A.	APPROVED		FURTHER ACTION <input type="checkbox"/> YES <input type="checkbox"/> NO		
				<input type="checkbox"/> WEAPON		<input type="checkbox"/> MR. LOVITT	<input type="checkbox"/> DALLAS CTY D.A.					
INV	NAME - LAST, FIRST, MIDDLE				RACE	SEX	AGE	DOB	HT	WT	HAIR	EYE
SSN		DRIVER'S LIC. NO.		RESIDENCE ADDRESS, ZIP CODE						RESIDENCE PHONE		
AKA		TYPE		BUSINESS ADDRESS (SCHOOL IF JUVENILE)						BUSINESS PHONE		
VEHICLE DESCRIPTION												

NARRATIVE

REPORTING OFFICER / ID NO.	DATE AND TIME	REVIEWED BY	DATE AND TIME
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