

Fictitious Academic Report

OFFENSE/INCIDENT REPORT					1. TYPE						
INSTRUCTIONS ARE PRINTED SEPARATELY. IF ADDITIONAL SPACE IS NEEDED, USE REVERSE OF FORM; IDENTIFY ITEMS.					<input checked="" type="checkbox"/> a. ORIGINAL <input type="checkbox"/> b. CONTINUATION <input type="checkbox"/> c. SUPPLEMENT OR FOLLOWUP						
2. CODE NO. 10-56	2a. SORT	3. TYPE OF OFFENSE OR INCIDENT			4. CASE CONTROL NUMBER						
5. BUILDING NUMBER 2		6. ADDRESS 2600 Encanto Blvd Phoenix, Arizona 85003									
7. NAME OF AGENCY/BUREAU		8. AGENCY/BUREAU CODE	9. SPECIFIC LOCATION Unit #206			10. LOCATION CODE					
11a. DATE OF OFFENSE/INCIDENT Feb 6, 2019		11a. TIME OF OFFENSE/INCIDENT 03:50		12. DAY Weds	13a. DATE REPORTED Feb 6, 2019		13b. TIME REPORTED 03:50		14. DAY Weds		
15. JURISDICTION (X) <input checked="" type="checkbox"/> EXCLUSIVE <input type="checkbox"/> CONCURRENT <input type="checkbox"/> PARTIAL <input type="checkbox"/> PROPRIETARY				16. NO. OF DEMONSTRATORS 0		17. NO. EVACUATED 0		a. TIME START	b. TIME END		
18. PERSONS INVOLVED	ID CODE (a)	NAME AND ADDRESS (b)				AGE (c)	SEX (d)	RACE (e)	INJURY CODE (f)	TELEPHONE (g)	
		Last Name, First, Middle Initial Escobar, John				44	M	H		HOME	
		Number, Street, Apt. No., City and State 2600 Encanto Blvd; Apartment #206 Phoenix, AZ 85003								BUSINESS	
		Last Name, First, Middle Initial Kristal Hunter				41	F	W		HOME 480-555-0987	
	Number, Street, Apt. No., City and State 15 West Baseline Rd Phoenix, AZ 85023								BUSINESS		
19. VEHICLE	a. STATUS		b. YEAR	c. MAKE		d. MODEL	e. COLOR (Top/Bottom)		f. IDENTIFYING CHARACTERISTICS		
	<input type="checkbox"/> STOLEN	<input type="checkbox"/> SUSPECT									
	<input type="checkbox"/> GOV'T	<input type="checkbox"/> PERSONAL	g. REGISTRATION	YEAR	STATE	h. VIN			i. VALUE		
	<input type="checkbox"/> VANDALIZED	<input type="checkbox"/> RECOVERED									
20. ITEMS TAKEN	a. NAME OF ITEM			b. QUANTITY	c. OWNERSHIP <input type="checkbox"/> GOV'T <input type="checkbox"/> PERSONAL		d. BRAND NAME				
	e. SERIAL NO.			f. COLOR		g. MODEL					
	h. VALUE		i. UNUSUAL OR UNIQUE FEATURES								
	j. PROPERTY WAS <input type="checkbox"/> SECURED <input type="checkbox"/> UNSECURED		k. STATUS OF PROPERTY <input type="checkbox"/> RECOVERED <input type="checkbox"/> MISSING <input type="checkbox"/> PARTIAL RECOVERY			VALUE RECOVERED					
	l. NAME OF ITEM			m. QUANTITY	n. OWNERSHIP <input type="checkbox"/> GOV'T <input type="checkbox"/> PERSONAL		o. BRAND NAME				
	p. SERIAL NO.			q. COLOR		r. MODEL					
	s. VALUE		t. UNUSUAL OR UNIQUE FEATURES								
	u. PROPERTY WAS <input type="checkbox"/> SECURED <input type="checkbox"/> UNSECURED		v. STATUS OF PROPERTY <input type="checkbox"/> RECOVERED <input type="checkbox"/> MISSING <input type="checkbox"/> PARTIAL RECOVERY			VALUE RECOVERED					

21. NARRATIVE (If additional space is needed, use blank sheet and attach.)

Call placed at 03:50 on Feb 6, 2019. Caller stated that he heard a gunshot from his neighbor's apartment. Upon arrival, found the victim dead of a self-inflicted gunshot wound to the head with a letter on his laptop, Beretta M9 to his left, and a cell phone under his body. Life saving measures were unsuccessfully performed on the victim and the scene secured for the investigation. The attached report contains further details.

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22. NOTIFICATION	TIME		23a. EVIDENCE <input type="checkbox"/> YES <input type="checkbox"/> NO	23b. TAG NO.	23c. TYPE
	NOTIFIED	ARRIVED			
a. Other Police Agency			23d. WHERE STORED		
b. Fire Department	03:56	03:59	24. ATTACHMENTS (Mark "X" where applicable)		
c. Ambulance	03:56	03:59	a. CONTINUATION SHEET		d. STATEMENT(S)
			b. GSA FORM 3157		
d. Building Manager			<input checked="" type="checkbox"/> c. PROPERTY RECEIPT(S)		e. SUPPLEMENTAL
			f. OTHER ATTACHMENTS (Specify)		
e. OTHER (Specify) Security	04:15	04:21			
25. SUSPECT STATUS			26. DISPOSITION OF SUSPECT		
a. NOT IDENTIFIED			a. ARRESTED		b. NOT ARRESTED
b. GOVERNMENT EMPLOYEE			c. RELEASED		d. N/A
c. GOVERNMENT CONTRACT			d. CITATION ISSUED		CITATION NUMBER
d. NON-GOVERNMENT EMPLOYEE					
<input checked="" type="checkbox"/> e. N/A					
NOTE: Complete GSA Form 3157 where this is a Suspect, Att. Burglary, Burglary, Att. Robbery, Robbery, or a Weapon is used.					
27. TIME			28. REVIEWED BY		
a. RECEIVED	b. ARRIVED	a. TYPE <input type="checkbox"/> FPS <input type="checkbox"/> GG	b. SIGNATURE		d. DATE
c. RETURNED TO SERVICE			c. NAME (Printed)		
29a. BADGE	29b. NAME (Printed)		29c. SIGNATURE		29d. DATE
30. CASE REFERRED TO			31. CASE		32. APPROVING OFFICIAL
a. FPS DETECTIVE	b. LOCAL POLICE	c. STATE POLICE	a. SIGNATURE		b. DATE
d. FBI	e. IG	f. N/A	a. OPEN		
g. OTHER (Specify)			b. CLOSED		c. NAME (Printed)
			c. UNFOUNDED		
33. DETECTIVE STATUS					
a. CASE NUMBER	b. HOW CLOSED <input type="checkbox"/> INACTIVE <input type="checkbox"/> ARREST <input type="checkbox"/> OTHER MEANS		c. SUSPECT <input type="checkbox"/> DEVELOPED <input type="checkbox"/> ARRESTED		d. ENTERED NCIC <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
<input type="checkbox"/> e. PROPERTY RECOVERED	f. VALUE OF PROPERTY		g. CLEARED NCIC <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		h. REFERRED TO
					i. DATE REFERRAL ACCEPTED

21. NARRATIVE (If additional space is needed, use blank sheet and attach.)