Offender/Arrestee continued

TIBRS Arresting Offense:	Arrest Date:	Arrest Transaction #:

Arrest Type:
- ☐ On-View
- ☐ Summoned/Cited
- ☐ Taken Into Custody

Multiple Arrestee Indicator:
- ☐ Multiple
- ☐ Count Arrestee
- ☐ Not Applicable

Arrestee Armed With *(check up to two)*:

	Automatic?	
☐ Firearm-Type Unk	☐	☐ Knife/ Cutting Instrument
☐ Handgun	☐	☐ Club, Blackjack, Brass Knuckles
☐ Rifle	☐	☐ Unarmed
☐ Shotgun	☐	
☐ Other Firearm	☐	

Juvenile Arrestee Disposition *(Under 18)*:
- ☐ Handled Within Department
- ☐ Referred to Other Authorities

Warrant Signed By *(Domestic Violence Only)*: ☐ Officer ☐ Victim ☐ Both

Previous Domestic Arrest: ☐ Yes ☐ No

Victim #1

Offense #1	Offense #2	Offense #3	Offense #4	Offense #5	Offense #6	Offense #7	Offense #8	Offense #9	Offense #10

Victim Type:
- ☐ Individual
- ☐ Business
- ☐ Religious Organization
- ☐ Law Enforcement Official
- ☐ Society/Public
- ☐ Other
- ☐ Financial Institution
- ☐ Government
- ☐ Unknown

Sex:
- ☐ Male
- ☐ Female
- ☐ Unknown

Race:
- ☐ American Indian/ Alaskan Native
- ☐ Black
- ☐ Asian
- ☐ White
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ Unknown

Ethnicity:
- ☐ Hispanic or Latino
- ☐ Non-Hispanic or Non Latino
- ☐ Unknown

Resident Status:
- ☐ Yes
- ☐ No
- ☐ Unknown

Age Category:
- ☐ Under 24 Hrs.
- ☐ Newborn (1-6 Days Old)
- ☐ 7-364 Days Old
- ☐ 99 (Over 98 Years Old)
- ☐ Known D.O.B. or Age Range
- ☐ Unknown Age

D.O.B. Or Age Range:

College Student? ☐ Yes ☐ No

On Campus? ☐ Yes ☐ No

College Name:

Domestic Violence? ☐ Yes ☐ No

Transported to Safety? ☐ Yes ☐ No

Violation of Order of Protection? ☐ Yes ☐ No

Previous Domestic Violence Victim: ☐ Yes ☐ No

First Name: Middle Name: Last Name:

Address #:	Street Name:	Apartment #:

City:	State:	Zip Code:	Phone #:

SSN:	Driver License #:	Driver License State:	Other ID/Type:

Employer Name:	Street Address:

City:	State:	Zip Code:	Phone #:

Victim #1 continued

Height:

Feet Inches

Weight: Lbs.

Eye Color:

- ☐ Brown
- ☐ Multi-Colored
- ☐ Green
- ☐ Hazel
- ☐ Black
- ☐ Pink
- ☐ Blue
- ☐ Maroon
- ☐ Gray

Hair Color:

- ☐ Bald
- ☐ Red
- ☐ Brown
- ☐ White
- ☐ Blonde
- ☐ Gray
- ☐ Black
- ☐ Sandy

Scars/Marks/Tatoos (SMT):

1st SMT:	2nd SMT:	3rd SMT:	4th SMT:	5th SMT:

Injuries (*check up to five):*

- ☐ N - None
- ☐ M - Minor Injuries
- ☐ B - Broken Bones
- ☐ O - Other Major Injury
- ☐ I - Possible Internal Injuries
- ☐ T - Loss of Teeth
- ☐ L - Severe Lacerations
- ☐ U - Unconsciousness

Homicide/Aggravated Assault Circumstances (*check up to two):*

- ☐ 01 - Argument
- ☐ 06 - Lover's Quarrel
- ☐ 02 - Assault on Law Official
- ☐ 07 - Mercy Killing (*Homicide Only)*
- ☐ 03 - Drug Dealing
- ☐ 08 - Other Felony
- ☐ 04 - Gangland
- ☐ 09 - Other Circumstances
- ☐ 05 - Juvenile Gang
- ☐ 10 - Unknown Circumstances

Negligent Manslaughter Codes *(check one):*

- ☐ 30 - Child Playing w/Weapon
- ☐ 31 - Gun Cleaning Accident
- ☐ 32 - Hunting Accident
- ☐ 33 - Other Negligent Weapon Handling
- ☐ 34 - Other Negligent Killing

Justifiable Homicide Codes *(check one):*

- ☐ 20 - Criminal Killed by Private Citizen
- ☐ 21 - Criminal Killed by Police Officer/ Law Enforcement Official

Additional Justifiable Homicide Circumstances *(Select Action of Criminal):*

- ☐ A - Attacked Police Officer & That Officer Killed Criminal
- ☐ B - Attacked Police Officer & Criminal Killed by Other Officer
- ☐ C - Attacked a Civilian
- ☐ D - Attempted Flight From Crime
- ☐ E - Killed in Commission of Crime
- ☐ F - Resisted Arrest
- ☐ G - Unable to Determine/Not Enough Information

Victim to Offender Relationship :

Offender #1	Offender #2	Offender #3	Offender #4	Offender #5	Offender #6	Offender #7	Offender #8	Offender #9	Offender #10

Complainant

First Name: Middle Name: Last Name:

Address #:	Street Name:		Apartment #:
City:	State:	Zip Code:	Phone #:
Employer Name:		Street Address:	
City:	State:	Zip Code:	Phone #: