

VICTIM SUPPLEMENT

page _____ of _____

AGENCY NAME				ORI # 0 K 0				CASE NUMBER																							
VICTIM	NO.	VICTIM (LAST, FIRST, MIDDLE)						RACE		ETHNICITY		SEX	DOB	AGE	HGT	WGT	HAIR	EYES													
	ADDRESS						CITY/STATE/ZIP						RES. R STATUS N		PHONE																
	BUS. ADDRESS						CITY/STATE/ZIP						MARITAL STATUS		BUS. PHONE																
	DR. LIC. #		SSN				TYPE OF VICTIM		<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> FINANCIAL INSTITUTION <input type="checkbox"/> RELIGIOUS ORG. <input type="checkbox"/> OTHER		<input type="checkbox"/> BUSINESS <input type="checkbox"/> GOVERNMENT		<input type="checkbox"/> SOCIETY/PUBLIC		<input type="checkbox"/> UNKNOWN																
	TYPE OF INJURY APPLIES ONLY TO OFFENSES LISTED BELOW										CHECK UP TO 5 OF THE FOLLOWING					TYPE OF INJURY															
	KIDNAPPING/ABDUCTION		ROBBERY		<input type="checkbox"/> N - NONE		<input type="checkbox"/> M - APPARENT MINOR INJURY		FORCIBLE RAPE		AGGRAVATED ASSAULT		<input type="checkbox"/> B - APPARENT BROKEN BONES		<input type="checkbox"/> O - OTHER MAJOR INJURY		FORCIBLE SODOMY		SIMPLE ASSAULT		<input type="checkbox"/> I - POSSIBLE INTERNAL INJURIES		<input type="checkbox"/> T - LOSS OF TEETH		SEXUAL ASSAULT, WITH AN OBJECT		EXTORTION/BLACKMAIL		<input type="checkbox"/> L - SEVERE LACERATIONS		<input type="checkbox"/> U - UNCONSCIOUSNESS
FORCIBLE FONDLING		LOCATION OF INJURY _____																													
RELATIONSHIP OF VICTIM TO OFFENDER(S)		OFFENDER # CODE #		OFFENDER # CODE #		OFFENDER # CODE #		VICTIM OF OFFENSE #		OSBI # FBI #																					
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REPORTING OFFICER _____ **ID#** _____ **DATE OF REPORT** _____

