

NCIC # _____

CRIME REPORT

CASE# _____

<input type="checkbox"/> Robbery	<input type="checkbox"/> Assault	<input type="checkbox"/> Counterfeit Money Order, Cashiers Check, Bad Checks	<input type="checkbox"/> Theft
<input type="checkbox"/> Burglary	<input type="checkbox"/> Homicide	<input type="checkbox"/> Intelligence Information	<input type="checkbox"/> Other

Industry Affiliation	Location of Offense	Property Loss
<input type="checkbox"/> Collector	<input type="checkbox"/> Residence	<input type="checkbox"/> Collection <input type="checkbox"/> Business Inventory <input type="checkbox"/> Investment
<input type="checkbox"/> Dealer	<input type="checkbox"/> Business	<input type="checkbox"/> U.S. Coins <input type="checkbox"/> Foreign Coins <input type="checkbox"/> Bullion
<input type="checkbox"/> Investor	<input type="checkbox"/> Traveling to Numismatic Event	<input type="checkbox"/> U.S. Currency <input type="checkbox"/> Foreign Currency <input type="checkbox"/> Ancient
<input type="checkbox"/> Individual	<input type="checkbox"/> Traveling from Numismatic Event	<input type="checkbox"/> Tokens <input type="checkbox"/> Medals
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

Address or location where incident occurred	When did this incident occur?
	Date: _____ Time: _____ AM/PM
<input type="checkbox"/> House <input type="checkbox"/> Apartment <input type="checkbox"/> Street <input type="checkbox"/> Parking Lot <input type="checkbox"/> Business	Value of loss _____ Insurance ... <input type="checkbox"/> Yes <input type="checkbox"/> No

VICTIM INFORMATION

Name (Last, First, Middle) (If this was a business list that name)		Address		State	Zip
Country	Home Phone	Business Phone	Sex (M,F)	Occupation	

Reporting Victim (If different from victim)					
Name (Last, First, Middle) (If it was a business list that name)		Address		State	Zip
Country	Home Phone	Business Phone	Sex (M/F)	Occupation	

ADDITIONAL VICTIMS/WITNESS & OTHER ASSOCIATED PERSONS (Specify...Victim, Witness or Other)

V/W/O	Name (Last, First, Middle)	Address	Date of Birth	Phone

Law Enforcement Agency	Investigating Agency _____ Investigation: _____ _____	Case Number: _____ Phone: _____ Fax: _____
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STOLEN PROPERTY DESCRIPTION

(List TEN most identifiable items)

Item #	Numismatic Description (Be specific)	Denomination	Date	Serial Number	Value

SUSPECT INFORMATION

Name (If known)			Address				Phone		
#1 Suspect Description	Sex	Age (Approx)	Race/Ethnic Origin	Height	Weight	Hair	Eyes	Clothing	
Name (If known)			Address				Phone		
#2 Suspect Description	Sex	Age (Approx)	Race/Ethnic Origin	Height	Weight	Hair	Eyes	Clothing	

SUSPECT VEHICLE INFORMATION

Year	Make	Model	Color	Lic. Plate & State	Description
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CRIME NARRATIVE / INTELLIGENCE INFORMATION

Please describe how the crime was discovered, what happened, where it happened, who was involved, and any additional information you may have.

Use additional sheets of paper if needed.

NCIC USE ONLY	Received By:	Date & Time	<input type="checkbox"/> Data Entry	Date	Initial
	_____	_____		_____	_____

MAIL TO:
 NCIC
 P.O. Box 14080
 Arlington, TX 76013