

Greenfield Police Department

Phone (831) 674-5111

599 El Camino Real
Greenfield, CA 93927
CA0270400

Fax (831) 674-3747

PRINT ALL INFORMATION LEGIBLY - DO NOT WRITE ON SHADED AREAS

CODE SECTION	CLASSIFICATION	BCS CODE
--------------	----------------	----------

TYPE OF INCIDENT	<input type="checkbox"/> PETTY THEFT (Value \$950 or Less)	<input type="checkbox"/> GRAND THEFT (Value More than \$950)	<input type="checkbox"/> MALICIOUS MISCHIEF (Criminal Damage to Property)
	<input type="checkbox"/> VEHICLE BURGLARY	OTHER Specify:	

DATE and TIME From	DATE and TIME To	DATE and TIME Reported	SHIFT	AREA
--------------------	------------------	------------------------	-------	------

ST#	BLOCK <input type="checkbox"/>	STREET NAME	TYPE	APT	CROSS STREET	CITY
-----	-----------------------------------	-------------	------	-----	--------------	------

VICTIM					
NO. 01	NAME (Last, First, Middle)	NICKNAME	RACE	SEX	DOB
	RESIDENTIAL ADDRESS	CITY	STATE	ZIP	PHONE
	BUSINESS ADDRESS	CITY	STATE	ZIP	PHONE
NO. 02	NAME (Last, First, Middle)	NICKNAME	RACE	SEX	DOB
	RESIDENTIAL ADDRESS	CITY	STATE	ZIP	PHONE
	BUSINESS ADDRESS	CITY	STATE	ZIP	PHONE

NON-SUSPECT					
F = FINDER	G = GUARDIAN (PARENT)	P = PROPERTY OWNER	R = R/PR	W = WITNESS	
NO. 01	NAME (Last, First, Middle)	NICKNAME	RACE	SEX	DOB
	RESIDENTIAL ADDRESS	CITY	STATE	ZIP	PHONE
	BUSINESS ADDRESS	CITY	STATE	ZIP	PHONE
NO. 02	NAME (Last, First, Middle)	NICKNAME	RACE	SEX	DOB
	RESIDENTIAL ADDRESS	CITY	STATE	ZIP	PHONE
	BUSINESS ADDRESS	CITY	STATE	ZIP	PHONE

VICTIM VEHICLE						
LICENSE NO.	STATE	VIN	YEAR	MAKE	MODEL	STYLE
PRI COLOR	SEC COLOR	MISCELLANEOUS INFORMATION				

MO / SECURITY								
Structure CLASS	Structure TYPE	TARGET (3)	POE Method	POE Direction	SUSP ACTION (6)	MORE SUSP ACT	VICTIM ACTIVITY	SECURITY (5)
<input type="checkbox"/> COMMERCIAL <input type="checkbox"/> RESIDENCE <input type="checkbox"/> VEHICLE <input type="checkbox"/> PUBLIC BUILD	<input type="checkbox"/> APT/CONDO <input type="checkbox"/> BANK <input type="checkbox"/> BAR <input type="checkbox"/> CONVICENCE <input type="checkbox"/> DRUG STORE <input type="checkbox"/> DUP/TWNHS <input type="checkbox"/> FASTFOOD <input type="checkbox"/> GAS STATION <input type="checkbox"/> HOT/MOTEL <input type="checkbox"/> INDUSTRIAL <input type="checkbox"/> MEDICAL <input type="checkbox"/> PUBLIC BUILD <input type="checkbox"/> RESTAURANT <input type="checkbox"/> RETAIL <input type="checkbox"/> SCHOOL <input type="checkbox"/> SING FAMILY <input type="checkbox"/> VEHICLE <input type="checkbox"/> OTHER <input type="checkbox"/> TENT <input type="checkbox"/> VACATION	<input type="checkbox"/> BASEMENT <input type="checkbox"/> BATHROOM <input type="checkbox"/> BEDROOM <input type="checkbox"/> CLASSRM. <input type="checkbox"/> CUSTOMER <input type="checkbox"/> DEN/FAMILY <input type="checkbox"/> DISPLAY <input type="checkbox"/> FARM/EQUIP <input type="checkbox"/> GARAGE <input type="checkbox"/> KITCHEN <input type="checkbox"/> LIV ROOM <input type="checkbox"/> OWNER <input type="checkbox"/> PERSON. <input type="checkbox"/> REGISTER <input type="checkbox"/> SAFE <input type="checkbox"/> STORAGE <input type="checkbox"/> VEND MACH <input type="checkbox"/> OTHER	<input type="checkbox"/> ATTEMPTED <input type="checkbox"/> BODY FORCE <input type="checkbox"/> BOLT CUT <input type="checkbox"/> BRICK <input type="checkbox"/> BURN <input type="checkbox"/> CHANELLOCK <input type="checkbox"/> DRILL FORCED <input type="checkbox"/> HID KEY <input type="checkbox"/> LOCKPUNCH <input type="checkbox"/> NO FORCE <input type="checkbox"/> PIPE WRNH <input type="checkbox"/> PLIERS <input type="checkbox"/> PRY BAR <input type="checkbox"/> ROCK <input type="checkbox"/> SAW <input type="checkbox"/> SCREWDRIV <input type="checkbox"/> SLIM JIM <input type="checkbox"/> SURPRISE <input type="checkbox"/> TAPE <input type="checkbox"/> TIRE IRON <input type="checkbox"/> WINDOW SMH <input type="checkbox"/> WIRE	<input type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> SIDE POE Level <input type="checkbox"/> BELOW <input type="checkbox"/> GROUND <input type="checkbox"/> UPPER POE Way <input type="checkbox"/> ADJACENT <input type="checkbox"/> BASEMENT <input type="checkbox"/> DOOR <input type="checkbox"/> FLOOR <input type="checkbox"/> GARAGE <input type="checkbox"/> VEH HOOD <input type="checkbox"/> ROOF <input type="checkbox"/> ROOF VENT <input type="checkbox"/> SIDE VENT <input type="checkbox"/> SKYLIGHT <input type="checkbox"/> SLDWINDOW <input type="checkbox"/> THRU WALL <input type="checkbox"/> VEH TRUNK <input type="checkbox"/> WINDOW <input type="checkbox"/> UNKNOWN	<input type="checkbox"/> ARMED <input type="checkbox"/> ATE <input type="checkbox"/> BEFRIENDS <input type="checkbox"/> BLINDFOLD <input type="checkbox"/> BRANDISH <input type="checkbox"/> B&D VICT <input type="checkbox"/> COUNTERFT <input type="checkbox"/> DEMAND\$ <input type="checkbox"/> DEFRAUD <input type="checkbox"/> NOTE <input type="checkbox"/> DIS ALARM <input type="checkbox"/> DIS PHONE <input type="checkbox"/> DIS POWER <input type="checkbox"/> DISROBED <input type="checkbox"/> DRANK <input type="checkbox"/> EMBEZZLED <input type="checkbox"/> EMPLOYEE <input type="checkbox"/> FAMILIAR <input type="checkbox"/> FIRED WEAP <input type="checkbox"/> HBD <input type="checkbox"/> HIDEOUT <input type="checkbox"/> HIT VICT <input type="checkbox"/> IMPERSONATE <input type="checkbox"/> INJURY <input type="checkbox"/> JEWELRY <input type="checkbox"/> KNEW NAME <input type="checkbox"/> LOOKOUT <input type="checkbox"/> MASTRBTAD	<input type="checkbox"/> FORGED <input type="checkbox"/> MATCHES <input type="checkbox"/> MOLEST <input type="checkbox"/> MONEY <input type="checkbox"/> TKN <input type="checkbox"/> MOVED <input type="checkbox"/> VIC MULT <input type="checkbox"/> SUSP <input type="checkbox"/> NEAT <input type="checkbox"/> OCCUPIED <input type="checkbox"/> ODOR <input type="checkbox"/> OTHER <input type="checkbox"/> POCKET <input type="checkbox"/> PREP EXIT <input type="checkbox"/> PURSE SNT <input type="checkbox"/> RANSACK <input type="checkbox"/> RETALIATE <input type="checkbox"/> RIPPED <input type="checkbox"/> SELECTIVE <input type="checkbox"/> SMOKED <input type="checkbox"/> STASHED <input type="checkbox"/> STEREO/TV <input type="checkbox"/> THREATS <input type="checkbox"/> TOOK VEH <input type="checkbox"/> UI D <input type="checkbox"/> UNOCCUPIED <input type="checkbox"/> USED VEH <input type="checkbox"/> VANDALIZE <input type="checkbox"/> VICT TOOLS <input type="checkbox"/> VEH PARTS	<input type="checkbox"/> ATHOME <input type="checkbox"/> ATWORK <input type="checkbox"/> AWAY BIKING <input type="checkbox"/> CLOSED <input type="checkbox"/> DRIVING <input type="checkbox"/> FIGHTING <input type="checkbox"/> HIKING <input type="checkbox"/> HITCHIKER <input type="checkbox"/> INTOXICAT <input type="checkbox"/> JOGGING <input type="checkbox"/> OPEN PARTY <input type="checkbox"/> SKIING <input type="checkbox"/> SLEEPING <input type="checkbox"/> WALKING	<input type="checkbox"/> ALARM <input type="checkbox"/> BAR/GRILL <input type="checkbox"/> CAMERA <input type="checkbox"/> DOG FENCE <input type="checkbox"/> GUARD <input type="checkbox"/> LIGHTS <input type="checkbox"/> LOCKED <input type="checkbox"/> NEIGHBOR <input type="checkbox"/> OPER ID <input type="checkbox"/> PEEP HOLE

