



TARRANT POLICE DEPARTMENT

CITY OF TARRANT PUBLIC SAFETY BUILDING

2593 COMMERCE CIRCLE

TARRANT, ALABAMA, 35217-2352

(205) 849-2811

INCIDENT/OFFENSE REPORT SIGNATURE SHEET

I/O REPORT SIGNATURE SHEET

CASE NUMBER	DATE
1	
2	

Secondary case number only utilized for associated case(s)

ITEM/ARTICLE	SERIAL/VIN/TAG
1	
2	
3	
4	
5	

MISSING PERSON	
JUVENILE	<input type="checkbox"/>
ADULT	<input type="checkbox"/>
ENDANGERED	<input type="checkbox"/>
LOST	
FIREARM	<input type="checkbox"/>
IDENTIFICATION	<input type="checkbox"/>
COMPUTER	<input type="checkbox"/>
CELLULAR DEVICE	<input type="checkbox"/>
OTHER	<input type="checkbox"/>

STOLEN	
VEHICLE	<input type="checkbox"/>
FIREARM	<input type="checkbox"/>
CARD	<input type="checkbox"/>
COMPUTER	<input type="checkbox"/>
CELLULAR DEVICE	<input type="checkbox"/>
TELEVISION	<input type="checkbox"/>
ELECTRONICS	<input type="checkbox"/>
ACCESSORIES	<input type="checkbox"/>
OTHER	<input type="checkbox"/>

I have reported the identified person(s) or lost/stolen property in relation to an associated crime or incident and all information given by me is correct to the best of my knowledge. I will assume full responsibility for notifying the Tarrant Police Department if any revisions and/or updates are needed as well as if any lost/stolen property or missing person hereby reported is located.

NOTES

THE ABOVE PERSON(S) AND/OR ARTICLE(S) HAVE BEEN REPORTED BY THE ADJACENT COMPLAINANT(S) AND/OR VICTIM(S). ONLY COMPLETE THIS FORM FOR REPORTS REQUIRING ENTRIES INTO NCIC DATABASES. IF BOX 76 IS CHECKED "YES" ON YOUR I/O REPORT, THIS FORM MUST BE COMPLETED.

COMPLAINANT/VICTIM NAME ¹	SIGNATURE
COMPLAINANT/VICTIM NAME ²	SIGNATURE
WITNESS NAME	SIGNATURE

UNIFORM CRIME REPORTING ADMINISTRATOR REVIEW			
FOLLOW UP	DATE:		
LOCATED	DATE:		

SUPERVISOR NOTES	
SUPERVISOR NAME:	