



# Police/Sheriff Report

Name of Victim \_\_\_\_\_ CICF Claim No. \_\_\_\_\_

Type of Offense \_\_\_\_\_ Incident Report No. \_\_\_\_\_

Date of Offense \_\_\_\_/\_\_\_\_/\_\_\_\_ Time of Offense \_\_\_\_:\_\_\_\_ A.M. \_\_\_\_:\_\_\_\_ P.M.

Date of Report \_\_\_\_/\_\_\_\_/\_\_\_\_ Time of Report \_\_\_\_:\_\_\_\_ A.M. \_\_\_\_:\_\_\_\_ P.M.

**Was victim responsible in part for the injuries?** Yes  No  (answer to the best of your ability) §19.2-368.3.2

Description of Crime/Motive for Offense \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

▶▶▶ IF YOU HAVE ADDITIONAL COMMENTS, PLEASE USE THE BACK OF FORM ◀◀◀

Name of Person(s) Arrested: \_\_\_\_\_

Social Security Number(s): \_\_\_\_\_

Investigating Officer: \_\_\_\_\_ Telephone(\_\_\_\_) \_\_\_\_\_ ext. \_\_\_\_\_

**If other than a death case, was victim cooperative with you during investigation?** Yes  No  §19.2-368.10.3

Was case forwarded to the Commonwealth's Attorney's Office for prosecution? Yes  No

Court Case will be heard in:  J&DR  GDC  CC County/City: \_\_\_\_\_

Disposition of Case: \_\_\_\_\_  
\_\_\_\_\_

▶▶▶ UNLESS OTHERWISE INDICATED IN COVER LETTER,  
PLEASE INCLUDE THE INCIDENT REPORT AND ALL SUPPLEMENTS ◀◀◀

Name of Agency \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_ ext. \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Type or Print Name \_\_\_\_\_ Title \_\_\_\_\_