

ANNE ARUNDEL COUNTY POLICE DEPARTMENT, MILLERSVILLE. MD.				Incident Report		Page 1 of 1	
1. OFFENSE Suspicious Condition			2. BUSINESS/VICTIM NAME (LAST, FIRST, MIDDLE) Anne Arundel County Police Department			3. CASE NUMBER <i>(enter case #)</i>	
4. DATE AND TIME OCCURRED <i>(enter date & time of report)</i>			5. BUSINESS/VICTIM ADDRESS 8495 Veterans Highway, Millersville, MD 21108			6. RESIDENCE PHONE N/A	
7. DATE AND TIME REPORTED Same as #4			8. VICTIMS EMPLOYMENT CITY			9. BUSINESS PHONE 410-222-8050	
10. DAY OF WK OCCURRED <i>(enter day)</i>		11. DAY OF WK REPORTED Same as #10		12. DOB	RACE W B O OTH.	SEX M F	AGE
15. WEATHER AT TIME OF OCCURRENCE <input type="checkbox"/> CLEAR <input type="checkbox"/> RAIN <input type="checkbox"/> FOGGY <input type="checkbox"/> CLOUDY <input type="checkbox"/> COLD <input type="checkbox"/> UNK. <input type="checkbox"/> SNOW <input type="checkbox"/> SEVERE WIND <input type="checkbox"/> WARM <input type="checkbox"/> OTHER				16. REPORTING PERSON (LAST, FIRST, MIDDLE) <i>(enter SAFE nurse name)</i>		17. DOB	
19. DISTRICT		POST		SHIFT		20. REPORTING PERSON ADDRESS <i>(enter address of BWMC or AAMC)</i>	
22. LOCATION OF OFFENSE Same as #20						23. TOTAL LOSS VALUE	
25. TOOLS/WEAPON USED				26. POINT OF ENTRY		27. POINT OF EXIT	
28. ROUTE/METHOD OF ESCAPE				29. METHOD OF OPERATION/INTENT			
30. PHYSICAL INJURY/MENTAL CONDITION (<input type="checkbox"/> VICTIM, <input type="checkbox"/> SUSPECT, <input type="checkbox"/> MISSING PERSON)					31. HOSPITALIZED? WHERE		32. HOW TRANSPORTED
32. VEHICLE CODES (CHECK APPLICABLE CODES) <input type="checkbox"/> ABANDONED, <input type="checkbox"/> DAMAGED, <input type="checkbox"/> EVIDENCE, <input type="checkbox"/> IMPOUNDED, <input type="checkbox"/> RECOVERED STOLEN, <input type="checkbox"/> STOLEN, <input type="checkbox"/> SUSPECT, <input type="checkbox"/> THEFT FROM, <input type="checkbox"/> TOWED, <input type="checkbox"/> USED IN CRIME							
34. RELEASE <input type="checkbox"/> YES <input type="checkbox"/> NO		35. BODY TYPE		36. YEAR	37. MAKE		38. MODEL
39. COLOR TOP BOTTOM		40. TAG		41. STATE		42. EXPIRES	
43. VIN NUMBER				44. VALUE		45. CONDITION/IDENTIFYING MARKS	
46. LOCATION <input type="checkbox"/> STOLEN, <input type="checkbox"/> TOWED, <input type="checkbox"/> RECOVERED				47. OWNER NOTIFIED BY		48. PERSON/OTHER DEPT. NOTIFIED	49. DATE AND TIME NOTIFIED
50. TOW CO.		51. TOWED TO		52. RADIO NOTIFIED - DATE AND TIME		TTY #	53. LOCKED: <input type="checkbox"/> DOORS <input type="checkbox"/> WINDOWS <input type="checkbox"/> TRUNK <input type="checkbox"/> KEYS IN CAR <input type="checkbox"/> RADIO <input type="checkbox"/> SPARE TIRE
54. ENTER WITNESS, VICTIM, SUSPECT, RUNAWAY/MISSING PERSON INFORMATION BELOW: (USE LETTER 'CODE' BLOCK) IF WITNESS (W), OR VICTIM (V) ENTER NAME (LAST, FIRST, MIDDLE) ADDRESS, PHONE, DOB IF SUSPECT (S), RUNAWAY (R) OR MISSING PERSON (M) ENTER NAME (LAST, FIRST, MIDDLE) ADDRESS, DOB AND FULL DESCRIPTION (PHYSICAL AND CLOTHING)							
CODE	55.						
CODE	56.						
CODE	57.						
58. SUMMARY On <i>(enter date/time)</i>, Nurse <i>(nurse's name)</i> from <i>(Baltimore Washington Medical Center or Anne Arundel Medical Center)</i> contacted the Anne Arundel County Police Department in reference to evidence collected during a Sexual Assault Forensic Examination regarding an incident that the victim did not want to report to law enforcement at this time. The hospital case number is: <i>(hospital case #)</i> The evidence will be turned over to the Evidence Collection Unit by the hospital. A copy of this report has been faxed to the CID Major Crimes Section Special Crimes Unit Sex Offense Squad (410-222-3464).							
59. WAS INCIDENT <input type="checkbox"/> RACIAL, <input type="checkbox"/> ETHNIC, <input type="checkbox"/> RELIGIOUS, <input type="checkbox"/> SPOUSAL ASSAULT, <input type="checkbox"/> N/A				60. REPORT TAKEN <input type="checkbox"/> SCENE, <input type="checkbox"/> STATION, <input type="checkbox"/> PHONE, <input type="checkbox"/> OTHER			61. EMERGENCY RIN <input type="checkbox"/> YES <input type="checkbox"/> NO
62. DISPOSITION <input type="checkbox"/> OPEN, <input type="checkbox"/> CLOSED, <input type="checkbox"/> SUSPENDED, <input type="checkbox"/> ARREST (#), <input type="checkbox"/> UNFOUNDED, <input type="checkbox"/> FALSE REPORT, <input type="checkbox"/> FOLLOW-UP NEEDED						63. OPERATION IDENTIFICATION <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
64. FIRST OFFICER		ID		65. SECOND OFFICER		ID	
66. SUPERVISOR			ID			67. REVIEW OFFICER	
ID							