

ARRESTED <input checked="" type="checkbox"/> <input type="checkbox"/>	SUSPECT # 1 (LAST, FIRST, MIDDLE) 1	NICKNAME/AKA	RACE	SEX	AGE	DOB	HT.	WT.	BUILD	HAIR COLOR	EYE COLOR
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SUSPECT'S ADDRESS	CITY	STATE	ZIP	PHONE	ID TYPE	ID NUMBER
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ADDITIONAL INFORMATION / FURTHER SUSPECT DESCRIPTION (I.E., GLASSES, TATTOOS, TEETH, BIRTHMARKS, JEWELRY, SCARS, ETC.)	SUSPECT'S CLOTHING
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ARRESTED <input checked="" type="checkbox"/> <input type="checkbox"/>	SUSPECT # 2 (LAST, FIRST, MIDDLE)	NICKNAME/AKA	RACE	SEX	AGE	DOB	HT.	WT.	BUILD	HAIR COLOR	EYE COLOR
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SUSPECT'S ADDRESS	CITY	STATE	ZIP	PHONE	ID TYPE	ID NUMBER
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ADDITIONAL INFORMATION / FURTHER SUSPECT DESCRIPTION (I.E., GLASSES, TATTOOS, TEETH, BIRTHMARKS, JEWELRY, SCARS, ETC.)	SUSPECT'S CLOTHING
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HAIR LGTH/TYPE		HAIR STYLE		FACIAL HAIR		COMPLEXION		GENERAL APPEARANCE		DEMEANOR		SPEECH		VOICE	
1	SUSPECT	2	SUSPECT	1	SUSPECT	2	SUSPECT	1	SUSPECT	2	SUSPECT	1	SUSPECT	2	SUSPECT
<input type="checkbox"/> UNKNOWN	<input type="checkbox"/>	<input type="checkbox"/> UNKNOWN	<input type="checkbox"/>	<input type="checkbox"/> UNKNOWN	<input type="checkbox"/>	<input type="checkbox"/> UNKNOWN	<input type="checkbox"/>	<input type="checkbox"/> UNKNOWN	<input type="checkbox"/>	<input type="checkbox"/> UNKNOWN	<input type="checkbox"/>	<input type="checkbox"/> UNKNOWN	<input type="checkbox"/>	<input type="checkbox"/> UNKNOWN	<input type="checkbox"/>
<input type="checkbox"/> BALD	<input type="checkbox"/>	<input type="checkbox"/> APRO/NAT.	<input type="checkbox"/>	<input type="checkbox"/> CLEAR SHAVE	<input type="checkbox"/>	<input type="checkbox"/> ACNE	<input type="checkbox"/>	<input type="checkbox"/> CASUAL	<input type="checkbox"/>	<input type="checkbox"/> ANGRY	<input type="checkbox"/>	<input type="checkbox"/> ACCENT	<input type="checkbox"/>	<input type="checkbox"/> DISGUISED	<input type="checkbox"/>
<input type="checkbox"/> COLLAR	<input type="checkbox"/>	<input type="checkbox"/> BRAIDED	<input type="checkbox"/>	<input type="checkbox"/> FULL BEARD	<input type="checkbox"/>	<input type="checkbox"/> DARK	<input type="checkbox"/>	<input type="checkbox"/> DIRTY	<input type="checkbox"/>	<input type="checkbox"/> APOLOGETIC	<input type="checkbox"/>	<input type="checkbox"/> LIPS	<input type="checkbox"/>	<input type="checkbox"/> HIGH PITCH	<input type="checkbox"/>
<input type="checkbox"/> LONG	<input type="checkbox"/>	<input type="checkbox"/> BUSHY	<input type="checkbox"/>	<input type="checkbox"/> FU MANCHU	<input type="checkbox"/>	<input type="checkbox"/> FRECKLES	<input type="checkbox"/>	<input type="checkbox"/> DISGUISE	<input type="checkbox"/>	<input type="checkbox"/> CALM	<input type="checkbox"/>	<input type="checkbox"/> MUMBLES	<input type="checkbox"/>	<input type="checkbox"/> LOUD	<input type="checkbox"/>
<input type="checkbox"/> NECK	<input type="checkbox"/>	<input type="checkbox"/> GREASY	<input type="checkbox"/>	<input type="checkbox"/> GOATEE	<input type="checkbox"/>	<input type="checkbox"/> LIGHT	<input type="checkbox"/>	<input type="checkbox"/> FLASHY	<input type="checkbox"/>	<input type="checkbox"/> DRORGANIZED	<input type="checkbox"/>	<input type="checkbox"/> OFFENSIVE	<input type="checkbox"/>	<input type="checkbox"/> LOW PITCH	<input type="checkbox"/>
<input type="checkbox"/> SHORT	<input type="checkbox"/>	<input type="checkbox"/> MILITARY	<input type="checkbox"/>	<input type="checkbox"/> LOWER LIP	<input type="checkbox"/>	<input type="checkbox"/> MEDIUM	<input type="checkbox"/>	<input type="checkbox"/> GOOD-LOOKING	<input type="checkbox"/>	<input type="checkbox"/> IRRATIONAL	<input type="checkbox"/>	<input type="checkbox"/> QUIET	<input type="checkbox"/>	<input type="checkbox"/> MEDIUM	<input type="checkbox"/>
<input type="checkbox"/> SHOULDERS	<input type="checkbox"/>	<input type="checkbox"/> POINTY	<input type="checkbox"/>	<input type="checkbox"/> MUSTACHE	<input type="checkbox"/>	<input type="checkbox"/> PALE	<input type="checkbox"/>	<input type="checkbox"/> MILITARY	<input type="checkbox"/>	<input type="checkbox"/> NERVOUS	<input type="checkbox"/>	<input type="checkbox"/> RAPID	<input type="checkbox"/>	<input type="checkbox"/> MONOTONE	<input type="checkbox"/>
<input type="checkbox"/> COARSE	<input type="checkbox"/>	<input type="checkbox"/> PROCESSED	<input type="checkbox"/>	<input type="checkbox"/> NONE/FUZZ	<input type="checkbox"/>	<input type="checkbox"/> POCKED	<input type="checkbox"/>	<input type="checkbox"/> UNKEMPT	<input type="checkbox"/>	<input type="checkbox"/> POLITE	<input type="checkbox"/>	<input type="checkbox"/> SLOW	<input type="checkbox"/>	<input type="checkbox"/> NASAL	<input type="checkbox"/>
<input type="checkbox"/> FINE	<input type="checkbox"/>	<input type="checkbox"/> STRAIGHT	<input type="checkbox"/>	<input type="checkbox"/> SIDEBURNS	<input type="checkbox"/>	<input type="checkbox"/> RUDDY	<input type="checkbox"/>	<input type="checkbox"/> UNUSUAL ODOR	<input type="checkbox"/>	<input type="checkbox"/> PROFESSIONAL	<input type="checkbox"/>	<input type="checkbox"/> STUTTERS	<input type="checkbox"/>	<input type="checkbox"/> PLEASANT	<input type="checkbox"/>
<input type="checkbox"/> THICK	<input type="checkbox"/>	<input type="checkbox"/> WAVY/CURLY	<input type="checkbox"/>	<input type="checkbox"/> UNSHAVEN	<input type="checkbox"/>	<input type="checkbox"/> SALLOW	<input type="checkbox"/>	<input type="checkbox"/> WELL GROOMED	<input type="checkbox"/>	<input type="checkbox"/> STUPOR	<input type="checkbox"/>	<input type="checkbox"/> TALKATIVE	<input type="checkbox"/>	<input type="checkbox"/> RASPY	<input type="checkbox"/>
<input type="checkbox"/> THINNING	<input type="checkbox"/>	<input type="checkbox"/> WIG	<input type="checkbox"/>	<input type="checkbox"/> VAN DYKE	<input type="checkbox"/>	<input type="checkbox"/> TANNED	<input type="checkbox"/>	<input type="checkbox"/> OTHER:	<input type="checkbox"/>	<input type="checkbox"/> VIOLENT	<input type="checkbox"/>	<input type="checkbox"/> OTHER:	<input type="checkbox"/>	<input type="checkbox"/> SOFT	<input type="checkbox"/>
<input type="checkbox"/> Wiry	<input type="checkbox"/>	<input type="checkbox"/> OTHER:	<input type="checkbox"/>	<input type="checkbox"/> OTHER:	<input type="checkbox"/>	<input type="checkbox"/> OTHER:	<input type="checkbox"/>	<input type="checkbox"/> OTHER:	<input type="checkbox"/>	<input type="checkbox"/> OTHER:	<input type="checkbox"/>	<input type="checkbox"/> OTHER:	<input type="checkbox"/>	<input type="checkbox"/> OTHER:	<input type="checkbox"/>

SUSPECT VEHICLE	YEAR	MAKE	MODEL	COLOR / COLOR	TYPE	LICENSE NO.	LIC STATE
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ADDITIONAL VEHICLE IDENTIFIERS (DAMAGE, CHROME WHEELS, ETC.)	VEHICLE IMPOUND <input checked="" type="checkbox"/> <input type="checkbox"/>	TOWING COMPANY
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EVIDENCE OBTAINED	<input type="checkbox"/> NONE	<input type="checkbox"/> FINGERPRINTS	<input type="checkbox"/> OTHER PRINTS	<input type="checkbox"/> WEAPON/TOOLS	<input type="checkbox"/> VEHICLE	<input type="checkbox"/> PHOTOS	<input type="checkbox"/> HAIR	<input type="checkbox"/> STAINS
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DISPOSITION OF EVIDENCE	TAG NOS.	ADD'L PERSONS WITHNESS CHECK LISTED <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>
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CRIME DESCRIPTION: ONE OR MORE UNKNOWN SUSPECT(S) FORCIBLY BURGLARIZED THE VICTIM(S) LOCKED VEHICLE(S) DESCRIBED ON PAGE ONE (AND SUBSEQUENT ARJIS-3 FORMS) OF THIS REPORT.

VICTIM(S) STATEMENT: MRS GENGLE REPORTS HER LOCKED VEHICLE WAS FORCIBLY ENTERED BY THE FOLLOWING MEANS; PRYING/BREAKING OUT THE VEHICLE'S LEFT RIGHT BEAR WINDOW. UNKNOWN.

ONCE INSIDE THE VEHICLE THE SUSPECT(S) REMOVED THE PROPERTY LISTED ON PAGE ONE. (SEE PROPERTY SECTION OR ARJIS-4)

OFFICERS STATEMENT: I TOOK THIS REPORT OVER THE PHONE AT TELEPHONE REPORT UNIT.

OFFICERS INVESTIGATION: RP WILL CALL IN ANY SERIAL NUMBERS IF APPLICABLE. THERE ARE NO LEADS, NO SUSPECT INFORMATION, NO KNOWN WITNESSES AND NO EVIDENCE. NO FOLLOW-UP IS REQUIRED.

PERSON TYPE:	<input type="checkbox"/> A SINGLE RESIDENTIAL	<input type="checkbox"/> B OTHER RESIDENTIAL	<input type="checkbox"/> C STORAGE	<input type="checkbox"/> D INDUSTRIAL/MANUFACTURING	<input type="checkbox"/> E OTHER COMMERCIAL
	<input type="checkbox"/> F COMMUNITY/PUBLIC	<input type="checkbox"/> G ALL OTHER STRUCTURE	<input type="checkbox"/> H MOTOR VEHICLES	<input type="checkbox"/> I OTHER MOBILE PROPERTY	<input type="checkbox"/> J CROPS, TIMBER, FENCE, SIGNS, ETC.
DESCRIPTION:	CONTENT LOSS <input type="checkbox"/>	STRUCT LOSS <input type="checkbox"/>	ABANDONED <input checked="" type="checkbox"/> <input type="checkbox"/>	CONTINUED <input type="checkbox"/>	