



eForms Field Reporting & eTickets

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XML-based Field Reporting System: Capture Data at the Point of Origination

Wireless Based Technology

The latest version of USA Software's Windows®-based field reporting software is once again changing how law enforcement agencies handle incident reporting. Yes, you can still capture data at the point of origin, access information in real-time and upload reports from the car. Only now you can do it wirelessly using XML-based technology and time-saving e-Forms.

Officers in the field LOVE it!

- Includes Incident, Accident, Arrest and Field Interview reporting
- eTickets are fully integrated with our Mobile Data System
- Saves time because on-screen format matches familiar paper forms
- Increases accuracy by capturing every field from standard paper forms
- Uploads XML files wirelessly using USA Mobile Data System (MDS) software to supervisor or host computer
- Provides print capabilities directly from laptop for eTickets, Driver Exchange and eArrest Forms
- Eliminates redundant data entry in Records

Supervisors RAVE about it!

- Officers spend more time in the field – less time in the station
- Reports reviewed as they come in rather than at shift's end
- Optional Electronic Signature feature for document protection and authenticity
- Overtime costs go down
- Accuracy and legibility go up

IT Managers are IMPRESSED by it!

- Capture data at the point of origination
- Uses state-of-the-art, Web-based XML technology
- Stores report data in an XML file that is viewed through a report template
- Extracts and imports data from reports into ANY backend database
- Links supplemental reports to originals; stores all parts of report in one folder





SOFTWARE PRODUCT DESCRIPTION

MobileFile IMS ® eForms Field Reporting

USA Software, eForms: We have moved the “old paper report” forms into the computer age.

The electronic version of these forms is now presented to the user on their laptop or workstation. Using these familiar forms decreases report writing time AND the associated training curve is greatly reduced. By adding digital authentication (signature) technology to these reports, the documents are electronically signed and locked. The bottom line is a cutting edge approach to field reporting!

For Florida agencies, the offense/incident report, in all its parts, O/I page, Persons, Property, Vehicle, Illegal Document, and Narrative pages are available. Arrest Affidavits: Judicial Circuit specific arrest affidavits are available as well. For Georgia, North Carolina and New Jersey, state-specific Incident and Arrest forms are available. For all states, Traffic Crash forms and Field Interview Cards are also available. If you have agency specific forms, these too can be included in this cutting edge package. These forms are printable directly from Laptop or Desktop computers via printers or to PDF files.

Data (in XML format) from USA Software eForms is automatically imported into the respective Records Management (RMS) databases. This provides the ability to not only preserve the officer's original report but to also store the data in a format that can be searched using existing ad hoc reporting programs or the canned reports provided in USA's CrimeFile IMS RMS system for crime analysis purposes. The data import feature also ELIMINATES the need for redundant data entry by records personnel providing an even greater return on your investment.

And with our new Text Search Engine, ALL text in ANY eForms Report can be searched, including narratives! Imagine being able to search all reports for the occurrence of the phrase RED PICKUP TRUCK! Within the same paragraph as PURPLE HAZE BAR.

Capture data at the point of origin. Digitally approve reports. Upload reports from the car. Search reports for valuable information. Using the latest XML technology. Officers Love It! Supervisor RAVE about it! IT Managers are impressed by it!

Streamline your field reporting capabilities today with the cutting edge system THAT WORKS! From the company with a proven track record since 1989. USA Software.



eForms Field Reporting Summary

- On screen format matches existing forms for Incident Report, Arrest Report, Accident Report and Field Interview reporting.
- Utilizes current Web-based XML technology.
- Provides ability for data to be passed from one form to another to eliminate duplicate data entry.
- Provides dropdown selection lists for fields where codes are required.
- Provides selection lists for Uniform Crime Reporting codes.
- Provides unlimited report narrative using Microsoft Word.
- Allows for supervisory review, approval and upload to host via diskette, radio or cellular (GPRS or WiFi) technology.
- Fully integrated with USA Software's CrimeFile IMS Records Management System to include:
 - Import of data from XML files generated by the field reporting system.
 - Linking of supplemental reports to original reports in a manner that is user friendly and easy to operate.
- Includes an optional electronic authentication feature for document protection and authenticity.
- Provides an audit trail, per workstation of transactions performed.
- Includes an interface to a drawing software program (Easy Street Draw or MS Visio) for use in preparing accident crash diagrams.
- Fully integrated with USA Software's CAD and Mobile Data system to allow population of CAD data into report form.

CARTERSVILLE POLICE DEPARTMENT

CASE NUMBER: **20042556****SA** **GA0080100**

INCIDENT REPORT

OFFENSE: **TRAFFIC/CITY**

EVENT	DRIVING UNDER INFLUENCE INCIDENT LOCATION (STREET #, STREET NAME, APT. #) WEST AVE/BARTOW ST CITY CARTERSVILLE ZIP CODE 30120 ZONE 3 LOCATION CODE INCIDENT DATE 06/12/2004 TIME 2345 TO 06/13/2004 TIME 0145 STRANGER TO STRANGER <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN COMPLAINANT LAST NAME BLACK FIRST NAME J MIDDLE NAME K COMPLAINANT ADDRESS NO., STREET 178 W MAIN ST CITY CARTERSVILLE STATE GA ZIP 30120 PHONE NUMBER 770 382-2526 VICTIM LAST NAME STATE OF GA FIRST NAME MIDDLE NAME RACE N SEX N DATE OF BIRTH AGE RESIDENCE PHONE BUSINESS PHONE ADDRESS NO., STREET 1 CAPITOL AVE CITY ATL STATE GA ZIP CENSUS TRACT EMPLOYER OR OCCUPATION STATE STUDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF YES, NAME VICTIMS SCHOOL OFFENDER LAST NAME, FIRST NAME, MIDDLE NAME XXXXXXXXXXXX XXXXXXXX XXXXXXXX RACE W SEX M DATE OF BIRTH 12/24/1980 AGE 23 WANTED ADDRESS NO., STREET 311 XXXXXXXXXXXXXXXX CITY CARTERSVILLE STATE GA ZIP 30120 CENSUS TRACT HEIGHT 601 WEIGHT 160 HAI R COLOR BRN EYES HAZ WARRANT CHARGES DRIVING UNDER INFLUENCE COUNTS 1 OFFENSE CODE 5404 FLEEING/ATTEMPTING TO ELUDE 1 7399 STOP SIGN VIOLATION 2 7399 TOTAL NUMBER ARRESTED 01 ARREST AT OR NEAR OFFENSE SCENE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO DATE OF OFFENSE 06/12/2004 <input type="checkbox"/> STOLEN TAG NUMBER XXXHGR STATE MO YEAR 04 V.I.N. 2C1xxx24511 PLATE ONLY <input type="checkbox"/> VIN PLATE ONLY <input type="checkbox"/> <input type="checkbox"/> RECOVERED YEAR 1997 MAKE GEO MODEL METRO STYLE COLOR BLACK MOTOR SIZE (CID) TRANSMISSION <input type="checkbox"/> AUTO <input checked="" type="checkbox"/> MAN. <input type="checkbox"/> SPD. <input checked="" type="checkbox"/> SUSPECTS									
VICTIM	WITNESS LAST NAME FIRST NAME MIDDLE NAME ADDRESS NO., STREET CITY STATE ZIP PHONE NUMBER WITNESS 1 - DOB / Age: WITNESS 2 - DOB / Age: 									
OFFENDER	VEHICLES STOLEN RECOVERED CLOTHING STOLEN RECOVERED FIREARMS STOLEN RECOVERED CURRENCY, NOTES, ETC OFFICE EQUIPMENT CONSUMABLE GOODS JEWELRY, PREC. METALS TV, RADIO, ETC. LIVESTOCK FURS HOUSEHOLD OTHER TOTALS 0 PROPERTY RECOVERY INFO ONLY THEFT/RECOVERY JURISDICTION CODES DATE OF THEFT 									
VEHICLE	GCIC ENTRY <input type="checkbox"/> WARRANT <input type="checkbox"/> MISSING PERSONS <input type="checkbox"/> VEHICLE <input type="checkbox"/> ARTICLE <input type="checkbox"/> BOAT <input type="checkbox"/> GUN <input type="checkbox"/> SECURITIES <input type="checkbox"/>									
WITNESS	DID INVESTIGATION INDICATE THAT THIS INCIDENT WAS DRUG-RELATED? <input type="radio"/> YES <input checked="" type="radio"/> NO IF YES, PLEASE INDICATE THE TYPE OF DRUG(S) USED BY <input type="checkbox"/> 1 - AMPHETAMINE <input type="checkbox"/> 2 - BARBITURATE <input type="checkbox"/> 3 - COCAINE <input type="checkbox"/> 4 - HALLUCINOGEN <input type="checkbox"/> 5 - HEROIN <input type="checkbox"/> 6 - MARIJUANA <input type="checkbox"/> 7 - METHAMPHETAMINE <input type="checkbox"/> 8 - OPIUM <input type="checkbox"/> 9 - SYNTHETIC NARCOT <input type="checkbox"/> U - UNKNOWN									
PROPERTY	REQUIRED DATA FIELDS FOR CLEARANCE REPORT <input type="checkbox"/> CLEARED BY ARREST <input type="checkbox"/> EXCEPTIONALLY CLEARED <input type="checkbox"/> UNFOUNDED DATE OF CLEARANCE <input type="checkbox"/> ADULT <input type="checkbox"/> JUVENILE REPORT DATE 									
ADM.	REPORTING OFFICER John Harlock NUMBER APPROVING OFFICER NUMBER Page of 									
DRUG										
CLEAR										
NARRATIVE										

NARRATIVE CONTINUATION

1. Offense	2	Juvenile		1. Original	
2. Arrest		Warn/Dismiss		2. Supplement	1

CARTERSVILLE POLICE DEPARTMENT

Agency ORI Number GA0080100	Agency Report Number 20042556
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ADM	Date of Supplement
Original Date Reported 06/13/2004	Case Reference 20042556

NARRATIVE	<p>On Saturday, June 12, 2004 at approximately 2340 hours, I was involved with a roadcheck at the intersection of West Avenue and Bartow Street when a black Geo Metro pulled out from a residence on West Avenue traveling east towards my location. The vehicle then pulled into a driveway and proceeded back in a westerly direction on West Avenue. I pursued the vehicle and obtained a visual when the vehicle was traveling north on Luckie Street. The vehicle ran the stop sign at the intersection of Luckie Street and Leake Street and then at Luckie Street and Bartow Street. I had my blue lights and siren activated at West Avenue at Luckie Street. The vehicle turned south on Bartow Street, stopped, and the driver fled on foot. I ran after the subject, but lost him due to a high wooden fence. I located probation papers in the suspect's vehicle. I called a phone number and spoke to a subject that indicated XXXXXX B. XXXXXX was driving the Geo, and he lived in a back apartment on West Avenue but he didn't know the number. I believed I was familiar with the location so PFC Henderson and myself proceeded to the area. We located Mr. XXXXXXXX inside the apartment at 0036 hours, and he was taken into custody with out incident. He admitted he was driving the Geo and fled. He also indicated he had not had any alcoholic beverages since he was driving the car, but he admitted he had been drinking earlier. I had him perform two field sobriety tests at the scene and read Implied Consent. I read him Miranda at the police station and completed the other two field sobriety tests there due to officer safety and flight risk. He was read the Implied Consent warning a second time and agreed to the state-breath test with results of .111 Grams.</p> <p>XXXXXXXXXXXXXXXXXXXXX is describe and charged as follows:</p> <p>Race: White Sex: Male Height: 601 Weight: 155 Hair: Brown Eyes: Hazel Dob: 12/24/1980 Address: xxxxxxxxxxxxxxxxxxxx Cartersville, Ga. 30120</p> <p>Charges:</p> <table style="width: 100%;"> <tr> <td>DUI (Alcohol)</td> <td style="text-align: right;">40-6-391A5</td> </tr> <tr> <td>Fleeing and Attempting to Elude</td> <td style="text-align: right;">40-6-395</td> </tr> <tr> <td>Stop Sign Violation/Two Counts</td> <td style="text-align: right;">40-6-72B</td> </tr> </table> <p>XXXXXXXXXXXXXXXXXXXXX's vehicle is described as follows:</p> <p>Year: 1997 Make: Geo Model: Metro Color: Black Tag #: XXXHGR Mo/2004 Vin #: 2C1xxxxxxxxxxxx724511</p> <p>No further information at time of report. Cleared by arrest.</p>	DUI (Alcohol)	40-6-391A5	Fleeing and Attempting to Elude	40-6-395	Stop Sign Violation/Two Counts	40-6-72B
DUI (Alcohol)	40-6-391A5						
Fleeing and Attempting to Elude	40-6-395						
Stop Sign Violation/Two Counts	40-6-72B						

ADMINISTRATIVE	Report Contains	Related Report Number(s)						
Signature Officer Reporting 	ID. Number(s)	Unit						
Reviewing Officer Signature 	Routed To	Referred To						
	Assigned To	By						
Case Status	Clearance Type	Date Cleared						
	<table style="width: 100%;"> <tr> <td style="width: 33%;">1. Arrest</td> <td style="width: 33%;">3. Unfounded</td> <td style="width: 33%;">A - Adult</td> </tr> <tr> <td>2. Exceptional</td> <td>4. Open Pend.</td> <td>J - Juvenile</td> </tr> </table>	1. Arrest	3. Unfounded	A - Adult	2. Exceptional	4. Open Pend.	J - Juvenile	Arrest Number
1. Arrest	3. Unfounded	A - Adult						
2. Exceptional	4. Open Pend.	J - Juvenile						
Exception Type	1. Extradition Declined	3. Death of Offender	5. Prosecution Declined	Arrest Number	Number Arrested			
	2. Arrest on Primary Offense or Secondary Offense Without Prosecution	4. V/W Refused to Cooperate	6. Juvenile / No Custody	OBTS Number	Page of			

YOUR AGENCY NAME

ARREST/ID/BOOKING REPORT

AGENCY ID. **99999** TIME CASE NUMBER ARREST NUMBER

DEFENDANT'S LAST NAME FIRST NAME MIDDLE NAME SSN RACE SEX DATE OF BIRTH PLACE OF BIRTH

AGE HEIGHT WEIGHT HAIR COLOR EYES EYE DEFECTS/LENSES COMPLEXION GCIC/CK DOCKET NUMBER

ADDRESS - NUMBER AND STREET CITY STATE ZIP PHONE NUMBER

ALIAS DRIVERS LICENSE NUMBER STATE

EMPLOYER AND OCCUPATION ARRESTING AGENCY ARRESTING OFFICER NUMBER

BOOKING OFFICERS NAME NUMBER FINGERPRINTED/PHOTOGRAPHED BY NUMBER CURRENT DATE

DATE OF ARREST TIME LOC CODE LOCATION - NUMBER AND STREET BUSINESS NAME

OFFENSE DATE SID NUMBER FBI NUMBER AGENCY ID NUMBER **99999**

CHARGE	CHARGE I.D.	COUNTS	1	COUNTS	2	COUNTS	3									
	CHARGE															
STATUTE																
LOCATION	AT OR NEAR SCENE	YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>									
	OFFENSE	CITY <input type="checkbox"/>	COUNTY <input type="checkbox"/>	STATE <input type="checkbox"/>	OUT OF STATE <input type="checkbox"/>	UNK <input type="checkbox"/>	CITY <input type="checkbox"/>	COUNTY <input type="checkbox"/>	STATE <input type="checkbox"/>	OUT OF STATE <input type="checkbox"/>	UNK <input type="checkbox"/>	CITY <input type="checkbox"/>	COUNTY <input type="checkbox"/>	STATE <input type="checkbox"/>	OUT OF STATE <input type="checkbox"/>	UNK <input type="checkbox"/>
	ARREST	CITY <input type="checkbox"/>	COUNTY <input type="checkbox"/>	STATE <input type="checkbox"/>	OUT OF STATE <input type="checkbox"/>	UNK <input type="checkbox"/>	CITY <input type="checkbox"/>	COUNTY <input type="checkbox"/>	STATE <input type="checkbox"/>	OUT OF STATE <input type="checkbox"/>	UNK <input type="checkbox"/>	CITY <input type="checkbox"/>	COUNTY <input type="checkbox"/>	STATE <input type="checkbox"/>	OUT OF STATE <input type="checkbox"/>	UNK <input type="checkbox"/>
BOND AMT.																
						TOTAL BOND AMOUNT										
						0										

REFERENCES

SPOUSE ADDRESS: PHONE NUMBER:

PARENT(S) ADDRESS: PHONE NUMBER:

RELATIVE(S) ADDRESS: PHONE NUMBER:

FRIENDS(S) ADDRESS: PHONE NUMBER:

CELL NUMBER TRANSFER REASON

MEDICAL

ANY KNOWN ALLERGIES IF YES, WHAT VISIBLE SCARS, MARKS, AND TATTOOS

ANY HISTORY OF HEART DISEASE DIABETES EPILEPSY HIGH BLOOD PRESSURE

IS SUBJECT NOW UNDER DOCTORS CARE AND / OR TAKING ANY MEDICATIONS IF YES, WHAT

DRUGS

ANY SIGNS, HISTORY OF DRUG USE? IF YES, INDICATE TYPE(S):

YES NO

1 - AMPHETAMINE 2 - BARBITURATE 3 - COCAINE 4 - HALLUCINOGEN

5 - HEROIN 6 - MARIJUANA 7 - METHAMPHETAMINE 8 - OPIUM 9 - SYNTHETIC NARCOTIC U - UNKNOWN

RELEASE DATE TIME RELEASING OFFICER - LAST NAME NUMBER AGENCY RELEASED TO

SIGNATURE OF RECEIVING OFFICIAL **X** _____ LIST ANY REMARKS BELOW

DEFENDANTS PERSONAL PROPERTY RECEIPT

QTY.	ITEM	TOTAL CASH AT TIME OF ARREST
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

I HEREBY STATE THAT THE PROPERTY LISTED ABOVE CONSTITUTES ALL CLAIMS TO PROPERTY ON MY PERSON AT THE TIME OF MY ARREST.

X _____ DEFENDANTS SIGNATURE AT TIME OF ARREST

_____ WITNESS

I HEREBY STATE THAT THE ABOVE LISTED PROPERTY WAS RETURNED TO ME, IN SATISFACTION OF ALL CLAIMS TO PROPERTY ON MY PERSON AT THE TIME OF MY ARREST, ON THE DATE OF MY RELEASE.

X _____

YOUR AGENCY NAME

CASE NUMBER: []

SA 99999

FAMILY VIOLENCE INCIDENT REPORT

OFFENSE: []

EVENT	INCIDENT TYPE		COUNTS	INCIDENT CODE	PREMISE TYPE			
	[]		[]	[]	<input type="radio"/> 1 - HIGHWAY	<input type="radio"/> 2 - SERVICE STATION	<input type="radio"/> 3 - CONVENIENCE STORE	<input type="radio"/> 4 - BANK
VICTIM	INCIDENT LOCATION (STREET #, STREET NAME, APT. #)		CITY	ZIP CODE	ZONE	LOCATION CODE	<input type="radio"/> 5 - COMMERCIAL	<input type="radio"/> 6 - RESIDENCE
	INCIDENT DATE	TIME	DATE	TIME	STRANGER TO STRANGER			WEAPON TYPE
	[]		[]		[]			<input type="radio"/> 1 - GUN
PRIMARY AGGRESSOR	COMPLAINANT LAST NAME		FIRST NAME	MIDDLE NAME	COMPLAINANT ADDRESS NO., STREET		CITY	STATE
	[]		[]	[]	[]		[]	ZIP
	[]		[]	[]	[]		[]	PHONE NUMBER
	VICTIM LAST NAME		FIRST NAME	MIDDLE NAME	COMPLAINANT:		RACE	SEX
	[]		[]	[]	[]		[]	DATE OF BIRTH
ADDRESS NO., STREET		CITY	STATE	ZIP	RESIDENCE PHONE	BUSINESS PHONE		
[]		[]	[]	[]	[]	[]		
STUDENT?		<input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, NAME VICTIMS SCHOOL				
[]		[]		[]				
OFFENDER LAST NAME		FIRST NAME	MIDDLE NAME	OFFENDER:		RACE	SEX	DATE OF BIRTH
[]		[]	[]	[]		[]	[]	AGE
WANTED		ADDRESS NO., STREET		CITY	STATE	ZIP	CENSUS TRACT	HEIGHT
[]		[]		[]	[]	[]	[]	WEIGHT
WARRANT		CHARGES		COUNTS	OFFENSE CODE	OFFENSE / ARREST JURISDICTION CODES		
[]		[]		[]	[]	[]	[]	1. CITY
ARREST		TOTAL NUMBER ARRESTED		ARREST AT OR NEAR OFFENSE SCENE		DATE OF OFFENSE		
[]		[]		[]		[]		

1. WERE CHILDREN INVOLVED? YES NO

2. WAS THE ACT COMMITTED WITH CHILDREN PRESENT? YES NO

3. NUMBER OF PREVIOUS COMPLAINTS AS ADVISED BY VICTIM: 0 1-5 6-10 MORE THAN 10 UNKNOWN

4. EXISTENCE OF PRIOR COURT ORDERS: YES NO UNKNOWN

5. WAS THE VICTIM ADVISED OF AVAILABLE REMEDIES AND SERVICES? YES NO

FOR THE FOLLOWING ITEMS CHECK ALL THAT APPLY

6. TYPE AND EXTENT OF ALLEGED ABUSE BY PRIMARY AGGRESSOR:

<input type="checkbox"/> 3- TEMPORARY DISABILITY	<input type="checkbox"/> 4- BROKEN BONES	<input type="checkbox"/> 1- FATAL INJURY	<input type="checkbox"/> 2- PERMANANT PHYSICAL DISABILITY
<input type="checkbox"/> 7- PROPERTY DAMAGE/THEFT	<input type="checkbox"/> 8- THREATS	<input type="checkbox"/> 5- GUN/KNIFE WOUNDS	<input type="checkbox"/> 6- SUPERFICIAL INJURIES
<input type="checkbox"/> 9- ABUSIVE LANGUAGE	<input type="checkbox"/> 10- SEXUAL ABUSE	<input type="checkbox"/> 11- OTHER	

7. POLICE ACTION TAKEN: 1- ARREST 2- CITATION 3- SEPARATION 4- MEDIATION 5- OTHER 6- NONE

IF NO ARREST MADE, WHY NOT? JUVENILE INSUFFICIENT PROBABLE CAUSE PRIMARY AGGRESSOR WAS NOT AT THE SCENE OTHER REASON(S)

8. HOW WAS PRIMARY AGGRESSOR IDENTIFIED? 1- PHYSICAL EVIDENCE 2- TESTIMONIAL EVIDENCE 3- OTHER

9. DID INVESTIGATION INDICATE THAT SUBSTANCE ABUSE WAS INVOLVED? YES NO

IF YES, INDICATE SUBSTANCE(S) USED BY PRIMARY AGGRESSOR(A) AND/OR VICTIM(V):

A: 1- DRUGS 2- ALCOHOL V: 1- DRUGS 2- ALCOHOL

10. RELATIONSHIP OF PRIMARY AGGRESSOR TO INVOLVED? 1- PRESENT SPOUSE 2- FORMER SPOUSE 3- PARENT

4- CHILD 5- STEPPARENT 6- STEPCHILD 7- FOSTER PARENT 8- FOSTER CHILD

9- NONE OF THE ABOVE, BUT LIVES IN SAME HOUSEHOLD OR FORMERLY LIVED IN HOUSEHOLD 10- PARENTS OF SAME CHILD

WITNESS	WITNESS LAST NAME	FIRST NAME	MIDDLE NAME	ADDRESS NO., STREET	CITY	STATE	ZIP	PHONE NUMBER
	[]	[]	[]	[]	[]	[]	[]	[]

CLEAR	REQUIRED DATA FIELDS FOR CLEARANCE REPORT	<input type="checkbox"/> CLEARED BY ARREST	<input type="checkbox"/> EXCEPTIONALLY CLEARED	<input type="checkbox"/> UNFOUNDED	REPORT DATE
	DATE OF CLEARANCE []	<input type="checkbox"/> ADULT	<input type="checkbox"/> JUVENILE		[]

NARRATIVE	CHECK HERE <input type="checkbox"/> IF THIS IS A NEGATIVE REPORT FOR THE MONTH OF [] , 20 []			
	REPORTING OFFICER	NUMBER	APPROVING OFFICER	NUMBER
	[]	[]	[]	[]

MAIL TO: GEORGIA DEPARTMENT OF PUBLIC SAFETY, ACCIDENT REPORTING UNIT, P. O. BOX 1456, ATLANTA, GEORGIA, 30371-2303

Accident Number		Agency NCIC No. GA12345		GEORGIA UNIFORM MOTOR VEHICLE ACCIDENT REPORT			County		Date Rec. By DPS	
Date		Day Of Week <input type="checkbox"/> Sun <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> S			Time	Off. Arrived	Total Number Of: Vehicles Injuries		Fatalities	Inside City Of:
Road of Occurrence _____ At Its Intersection _____ 1 <input type="checkbox"/> Interstate 2 <input type="checkbox"/> Lowest St. Rt. 3 <input type="checkbox"/> Co. Road 4 <input type="checkbox"/> City St. With 1 <input type="checkbox"/> Interstate 2 <input type="checkbox"/> Lowest St. Rt. 3 <input type="checkbox"/> Co. Road 4 <input type="checkbox"/> City St.								Corrected Report Yes <input type="checkbox"/>		
Not At Its Intersection But _____ Of: _____ <input type="checkbox"/> Feet 1 <input type="checkbox"/> North 3 <input type="checkbox"/> East <input type="checkbox"/> Miles 2 <input type="checkbox"/> South 4 <input type="checkbox"/> West 1 <input type="checkbox"/> Interstate 2 <input type="checkbox"/> Lowest St. Rt. 3 <input type="checkbox"/> Co. Road 4 <input type="checkbox"/> City St. 5 <input type="checkbox"/> Co. Line								Suppl. To Original Yes <input type="checkbox"/>		
And Continuing in the Direction Checked Above The Next Reference Point is _____ 1 <input type="checkbox"/> Interstate 2 <input type="checkbox"/> Lowest St. Rt. 3 <input type="checkbox"/> Co. Road 4 <input type="checkbox"/> City St. 5 <input type="checkbox"/> Co. Line										

Driver # Last Name First Middle				Driver # Last Name First Middle			
Address				Address			
City State Zip DOB				City State Zip DOB			
Driver's License No. Class State <input type="checkbox"/> Male <input type="checkbox"/> Female				Driver's License No. Class State <input type="checkbox"/> Male <input type="checkbox"/> Female			
Posted Speed		Insurance Co. Policy No.		Posted Speed		Insurance Co. Policy No.	
Year Make Model Telephone No.		Year Make Model Telephone No.		Year Make Model Telephone No.		Year Make Model Telephone No.	
VIN Vehicle Color				VIN Vehicle Color			
Tag # State County Year		Tag # State County Year		Tag # State County Year		Tag # State County Year	
Trailer Tag # State County Year		Trailer Tag # State County Year		Trailer Tag # State County Year		Trailer Tag # State County Year	
<input type="checkbox"/> Same as Driver Address				<input type="checkbox"/> Same as Driver Address			
City State Zip				City State Zip			
Removed By <input type="checkbox"/> Request <input type="checkbox"/> List				Removed By <input type="checkbox"/> Request <input type="checkbox"/> List			
Alcohol Test Type Results		Drug Test Type Results		Alcohol Test Type Results		Drug Test Type Results	
Driver Condition Direction of Travel Vision Obscured		Contributing Factors		Driver Condition Direction of Travel Vision Obscured		Contributing Factors	
Vehicle Condition Vehicle Maneuver Pedestrian Maneuver				Vehicle Condition Vehicle Maneuver Pedestrian Maneuver			
Most Harmful Event		Vehicle Class		Most Harmful Event		Vehicle Class	
Traffic Control		Device Inoperative? <input type="checkbox"/> Yes <input type="checkbox"/> No		Traffic Control		Device Inoperative? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Injured Taken To _____ By: _____							
EMS Notified Time		EMS Arrival Time		Hospital Arrival Time		Photos Taken: <input type="checkbox"/> Yes <input type="checkbox"/> No By: _____	
Report By: Officer ID Department				Report Date		Checked By: Officer ID Date Checked	
Witness(es): Last Name		First Name		Address		City State Zip Code Telephone No.	
DPS MICROFILM NUMBER (DO NOT WRITE IN THIS SPACE)							

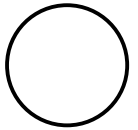
COMMERCIAL VEHICLES ONLY							
Carrier Name Vehicle #				Carrier Name Vehicle #			
Address				Address			
City State Zip				City State Zip			
Number of Axles		G.V.W.R.		Fed. Reportable		Cargo Body Type	
1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
Vehicle Config. I.C.C.M.C. #		U.S. D.O.T. #		Interstate <input type="checkbox"/>		Intrastate <input type="checkbox"/>	
C.D.L.? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		C.D.L. Suspended? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		C.D.L.? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		C.D.L. Suspended? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
Vehicle Placarded? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		Hazardous Materials? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		Vehicle Placarded? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		Hazardous Materials? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
Released? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		Released? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		If YES, Name or 4 Digit Number from Diamond or Box: _____		If YES, Name or 4 Digit Number from Diamond or Box: _____	
1 Digit Number from Bottom of Diamond: _____		1 Digit Number from Bottom of Diamond: _____		<input type="checkbox"/> Ran Off Road		<input type="checkbox"/> Down Hill Runaway	
<input type="checkbox"/> Cargo Loss Or shift		<input type="checkbox"/> Separation of Units		<input type="checkbox"/> Cargo Loss Or shift		<input type="checkbox"/> Separation of Units	

REMARKS

PAGE ____ OF ____

INDICATE ON THIS DIAGRAM WHAT HAPPENED

INDICATE NORTH



Sketch

Accident Investigation Site?

YES NO

CITATIONS - VEHICLE # ____

CITATIONS - VEHICLE # ____

Site Number: _____

First Harmful Event	Traffic - Way Flow	Weather	Surface Cond.	Light Condition	Manner Of Collision	Location At Area Of Impact	Road Comp.	Road Defects	Road Character
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VEH. # ____	VEH. # ____	
Number of Occupants		SKID DISTANCE VEH#. _____ AFTER _____
Point Of Initial Contact		BEFORE IMPACT VEH#. _____
Damage To Vehicle		Width Of Road _____

Damage Other Than Vehicle:	Owner:	AGE	SEX	VEH NO.	POS	INJURY	TAKEN FOR TREAT.	EJECT	SAFETY EQUIP.	EXTRIC.	AIR BAG
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Occupants	Driver #	Or Pedestrian#	AGE	SEX	VEH NO.	POS	INJURY	TAKEN FOR TREAT.	EJECT	SAFETY EQUIP.	EXTRIC.	AIR BAG

Last Name	First	Address	City	State	Zip	AGE	SEX	VEH NO.	POS	INJURY	TAKEN FOR TREAT.	EJECT	SAFETY EQUIP.	EXTRIC.	AIR BAG

MAIL TO: GEORGIA DEPARTMENT OF PUBLIC SAFETY, ACCIDENT REPORTING UNIT, P.O. BOX 1456, ATLANTA, GEORGIA, 30371-2303

GEORGIA UNIFORM MOTOR VEHICLE PRIVATE PROPERTY ACCIDENT REPORT

THIS FORM TO BE USED FOR PRIVATE PROPERTY ONLY

Case Number: _____ Date: _____ Time Officer Notified: _____

County: _____ City: _____ Time Officer Arrived: _____

Location of Accident (No, Address, City, Zip): _____

Driver # 1: LAST NAME FIRST NAME MIDDLE NAME Sex: _____ Race: _____ D.O.B.: _____

Driver's License #: _____ State: _____ Class: _____ Expiration Date: _____

Vehicle Owner, Address and Phone #: LAST NAME FIRST NAME MIDDLE INITIAL PHONE NUMBER
CURRENT ADDRESS (Number and Street) CITY STATE ZIP

Vehicle # 1: Make: _____ Model: _____ Year: _____ Tag #: _____ Year: _____ State: _____

Insurance Company and Policy #: _____

Damage to Vehicle: None [] Slight [] Moderate [] Extensive []

Driver # 2: LAST NAME FIRST NAME MIDDLE NAME Sex: _____ Race: _____ D.O.B.: _____

Driver's License #: _____ State: _____ Class: _____ Expiration Date: _____

Vehicle Owner, Address and Phone #: LAST NAME FIRST NAME MIDDLE INITIAL PHONE NUMBER
CURRENT ADDRESS (Number and Street) CITY STATE ZIP

Vehicle # 2: Make: _____ Model: _____ Year: _____ Tag #: _____ Year: _____ State: _____

Insurance Company and Policy #: _____

Damage to Vehicle: None [] Slight [] Moderate [] Extensive []

Other Property Damage: _____

Injuries: LAST NAME FIRST NAME MIDDLE NAME
Name: _____ Age: _____ Sex: _____ Vehicle #: _____
Name: _____ Age: _____ Sex: _____ Vehicle #: _____
Name: _____ Age: _____ Sex: _____ Vehicle #: _____
Name: _____ Age: _____ Sex: _____ Vehicle #: _____

Vehicle # 1 Towed by: _____ Vehicle # 2 Towed by: _____

Officer: _____ Badge #: _____ Agency: _____ YOUR AGENCY NAME

Supervisor: _____

DPS MICRO FILM NUMBER
(DO NOT WRITE IN THIS SPACE): _____

Remarks:

Witnesses:

Last Name	First Name	Address	City	State	Zip	Phone Number
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_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Diagram:

COMPLAINT
 IN THE JUVENILE COURT
 BARTOW COUNTY, GEORGIA

State F.F. #

Case#

File#

Name: (Last, F, M)		Age:
AKA:		DOB:
Race:	Lives	Res: ____ - ____ - ____
Sex:	With: (Name)	Bus: ____ - ____ - ____
Child's Address:	(Street) (Apt#) (City) (County) (State) (Zip)	
Mother's Name:	(Include Mother's Maiden Name in Parenthesis)	Res: ____ - ____ - ____ (Phone: Bus: ____ - ____ - ____)
Mother's Address:	(Street) (Apt#) (City) (County) (State) (Zip)	
Father's Name:		Res: ____ - ____ - ____ (Phone: Bus: ____ - ____ - ____)
Father's Address:	(Street) (Apt#) (City) (County) (State) (Zip)	
Legal Custodian:		Res: ____ - ____ - ____ (Phone: Bus: ____ - ____ - ____)
Custodian's Address:	(Street) (Apt#) (City) (County) (State) (Zip)	
Complaint:	(Code Section) (Misd/Fel) (Date of Offense)	
Complaint:	(Code Section) (Misd/Fel) (Date of Offense)	
Complaint:	(Code Section) (Misd/Fel) (Date of Offense)	
Taken into Custody: <input type="checkbox"/> Yes <input type="checkbox"/> No		
By Whom: (Name) (Agency)		
Placement of Deprived Child:		Date: Time:
Person Notified:		Date: Time:
By: Via:		Date: Time:
Detained: <input type="checkbox"/> Yes <input type="checkbox"/> No	Place Detained:	Date: Time:
Released To:		Date: Time:
Relation:		Date: Time:
Co-Perpetrators:		Age:
Co-Perpetrators:	(Names and Ages)	Age:
Victim's Name:		Phone: ____ - ____ - ____
Victim's Address:		
Victim's Name:		Phone: ____ - ____ - ____
Victim's Address:		

Case# _____

File# _____

Give Complete Details of Offense(s) and Apprehension:

Investigating Officer:	Agency: P.D. Report#	YOUR AGENCY NAME	Phone: ____ - ____ - ____
---------------------------	-------------------------	-------------------------	------------------------------

Complainant's
Name:

Signature: _____

Complainant's
Address:

(City) (State) (Zip)

Phone: ____ - ____ - ____

YOUR AGENCY NAME
CID CASE ACTIVITY REPORT

Case Number

Date

_____ / / _____

Detective Name (Last, First, ID Number)

Time Code	.10 = 01 - 06 Min.	.40 = 19 - 24 Min.	.70 = 37 - 42 Min.
_____	.20 = 07 - 12 Min.	.50 = 25 - 30 Min.	.80 = 43 - 48 Min.
	.30 = 13 - 18 Min.	.60 = 31 - 36 Min.	.90 = 49 - 54 Min.

Activity Code			

01 = Interview Victim	12 = Juvenile Arrest	23 = Recover Property	34 = Obtain Warrant / Other
02 = Interview Witness	13 = Court Test	24 = Sent Teletype	35 = Filing Evidence
03 = Interview Reporting Person	14 = Search Warrant	25 = Contact Other Agency	36 = Suspect Search
04 = Interview Suspect	15 = Search Warrant RET	26 = Fingerprints Compared	37 = Follow-up for SA
05 = Interview Defendant	16 = Dictated Report	27 = Fingerprints Searched	38 = Polygraph
06 = Interview Other	17 = Dictated Supplement	28 = Composite Sketch	39 = Arrest Felony
07 = Autopsy	18 = Report Written	29 = Lineup	40 = Arrest Misd
08 = Examine Scene	19 = Supplement Written	30 = Checked Pawns	41 = Arrest Pros
09 = Examine Evidence	20 = Manual File Search	31 = Weapon ID	42 = Recover Property
10 = Surveillance	21 = Computer Search	32 = Office Work	
11 = Adult Arrest	22 = Release Suspect	33 = Report Review	

Amount Spent

\$ _____

Case Status	A = Active	CE = Cleared Exceptionally	CU = Cleared Unfounded
_____	CA = Cleared by Arrest	CF = Filed with State Attorney	I = Inactive

Narrative:
