

Honolulu Police Department

INCIDENT REPORT

Page of pages
 Year Six Digit Report Number

BASIC	Incident Type	Code	Reclassify <input type="checkbox"/> Yes	Key Report <input type="checkbox"/> Yes <input type="checkbox"/> No	F/U <input type="checkbox"/>	Status <input type="checkbox"/> Open <input type="checkbox"/> Closed	Disposition	HRS Section Number	
	Location Of Offense: Must Have Street Number And Street Name, Or Names of Two Streets That Intersect								
	Responsible Officer: Last	First	ID Number	Division	Beat of Offense	Location Code	Domestic Violence Yes <input type="checkbox"/> No <input type="checkbox"/>		
	Date / Time / Day Reported	Date / Time / Day Occurred From	Date / Time / Day Occurred To		1 Residence 7 Scenic Pt 13 Jewelry 2 Apart / Condo 8 Gas Stn 14 Liquor 3 Hotel 9 Restaurant 15 School 4 Street 10 Bar 16 Commercial 5 Non-Beach Parks 11 Store 17 Taxi 6 Beach-Parks 12 Bank, etc 18 Other				
Related Reports or Comments									

PERSON	<input type="checkbox"/> Complainant <input type="checkbox"/> Victim <input type="checkbox"/> Reporting Person <input type="checkbox"/> Finder <input type="checkbox"/> Witness <input type="checkbox"/> Suspect									
	<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Am Ind <input type="checkbox"/> Chns <input type="checkbox"/> Jpnse <input type="checkbox"/> Korea <input type="checkbox"/> P Rican <input type="checkbox"/> Hav:n <input type="checkbox"/> Samoa <input type="checkbox"/> Tonga <input type="checkbox"/> Vietn <input type="checkbox"/> Flpn <input type="checkbox"/> Unk <input type="checkbox"/> Other	Name	Last	First	Middle	Age	DOB	Sex		
	<input type="checkbox"/> Blood Test <input type="checkbox"/> Breath Test <input type="checkbox"/> Refuse	Results	SSN	Occupation / For Juvenile - School Attending			<input type="checkbox"/> Visitor <input type="checkbox"/> H P D <input type="checkbox"/> Juv <input type="checkbox"/> Military <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Home Address City - Country - State - Zip									
Business Address City - Country - State - Zip						Local Address (for visitors)				
At Local Address Until / Date			Home Phone	Business Phone	Work Hours	Local Phone				

HOSP	Injured <input type="checkbox"/> Yes <input type="checkbox"/> No	Treated <input type="checkbox"/> Yes <input type="checkbox"/> No	S I D # (if appropriate)	Hospital	Transported By	Victim Relationship to Suspect	Will Prosecute <input type="checkbox"/> Yes <input type="checkbox"/> No			
	<input type="checkbox"/> Mental <input type="checkbox"/> Suicide <input type="checkbox"/> I C F <input type="checkbox"/> S C F <input type="checkbox"/> Other <input type="checkbox"/> Intox <input type="checkbox"/> Drugs <input type="checkbox"/> Indust <input type="checkbox"/> Uncon <input type="checkbox"/> Resisted Assist	Voluntary <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Good/Fair <input type="checkbox"/> Ser Guard <input type="checkbox"/> Fatal	Attending Physician		<input type="checkbox"/> Confined <input type="checkbox"/> Refused ADM <input type="checkbox"/> Sent Home	<input type="checkbox"/> Refused Tmt <input type="checkbox"/> Tr / Released			
	A K A				Who Described	Peculiarities				
	Height	Weight	Build	Hair Color	Hair Char	Eyes	Compl	Voice	Facial Hair Color	Facial Hair Char

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MO	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S
	Misc.													<input type="checkbox"/> Dusted & Submitted <input type="checkbox"/> Dusted & Negative	<input type="checkbox"/> Not Dusted				

Property Status Codes: ST=Stolen OV=Overdue LS=Lost DM=Damaged FN=Found RC=Recovered OT=Other										Type Codes: I=Item B=Building V=Vehicle L=Land									
Item #	Status	Type	Serial / Other ID	Description or Manufacturer / Model / Gun Make / Type Cal Ga							Property Codes	Qty	Value						

VEHICLE	Vehicle Status Codes: ST=Stolen OV=Overdue WV=Wanted SV=Suspect RC=Recovered IM=Impounded OT=Other										Veh Type Codes: <input type="checkbox"/> Auto <input type="checkbox"/> Const <input type="checkbox"/> Farm <input type="checkbox"/> Trailer <input type="checkbox"/> M/C <input type="checkbox"/> Truck <input type="checkbox"/> Other									
	Who Described	Status	Year	Make	Model	Body Type	Color	State	License No											
	VIN	Emblem			Characteristics			Towed By	Vehicle Value											
	Held At	Tow Date / Time			Owner Name			Phone												
	Owner Address				Owner Notified By / Date / Time			Person Notified			Returned By / Date / Time									
	Recovered Date / Time		Recovering Officer			Recovered Location			Beat Rec											
Writer	ID Number	Date / Time			Approved By			ID Number												