

TAMPA POLICE DEPARTMENT – AUXILIARY REPORT

| | | | | | |
|---|------------------|---------------|----------|---|---|
| 1 | Offense/Incident | State Statute | Location | 1 | 2 |
| 2 | Offense/Incident | State Statute | Location | 1 | 2 |

| | | | |
|-------------|---------|----------------------|------------------|
| Victim/Firm | Address | Date Original Report | Date this Report |
|-------------|---------|----------------------|------------------|

| | | | |
|---|---|--|--|
| Status <input type="checkbox"/> Title Change <input type="checkbox"/> Rec Stolen Prop <input type="checkbox"/> Add Stolen Prop | P/U <input type="checkbox"/> Placed <input type="checkbox"/> Unfounded <input type="checkbox"/> Add/Corr. Info <input type="checkbox"/> Inactive <input type="checkbox"/> Admin Cleared | <input type="checkbox"/> Cancelled <input type="checkbox"/> Arrest <input type="checkbox"/> Notice to Appear <input type="checkbox"/> Exceptionally Cleared <input type="checkbox"/> Prosecution Declined <input type="checkbox"/> Death of Offender <input type="checkbox"/> Extradition Declined | <input type="checkbox"/> Adult <input type="checkbox"/> Juv Type <input type="checkbox"/> Juv/No Custody <input type="checkbox"/> Victim refused to Cooperate <input type="checkbox"/> Arrested on Primary Offense |
|---|---|--|--|

| | | | |
|-------------|-------------|-------------|--|
| Reopened By | Referred To | Retained By | Original Report <input type="checkbox"/> Referred <input type="checkbox"/> Retained |
|-------------|-------------|-------------|--|

| | | | | | | | | |
|----------------|--------------|-------|--------|------|---------------|--------|---------------|--|
| ARRESTS | Name: Last | First | Middle | Race | Sex | D.O.B. | Age | |
| | Home Address | | | City | County | State | 10 | Influence Drugs/Alcohol <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk |
| | Charges | | | 11 | State Statute | CTS | State Statute | CTS |
| | Name: Last | First | Middle | Race | Sex | D.O.B. | Age | |
| | Home Address | | | City | County | State | 10 | Influence Drugs/Alcohol <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk |
| | Charges | | | 11 | State Statute | CTS | State Statute | CTS |

Report No.

| | | | | | |
|---------------------------------|----------------|---------|-----------|------------|---------|
| Reporting Officer | Second Officer | Div/Sqd | Edited By | Date | |
| Records Section Only: Copies to | | | Routed By | Data Entry | Pick Up |