

Agency		New York State		DOMESTIC INCIDENT REPORT		Sprint # (NYC)		Incident #				
DATES	Month	Day	Year	Time (24 hrs)	Address of Occurrence	APT #	Precedent (yes)	Added to (NYC)	Complaint #			
	<input type="checkbox"/> Officer-Initiated <input type="checkbox"/> Radio Run <input type="checkbox"/> Walk-In											
VICTIM/PARTY (P1)	Name (Last, First, M.I.) (include aliases)					Phone	DOB	Month	Day	Year	Age	<input type="checkbox"/> Male <input type="checkbox"/> Female
	Street & City					APT #	Zip	<input type="checkbox"/> Non-English, language: <input type="checkbox"/> Spanish <input type="checkbox"/> Chinese <input type="checkbox"/> Other:				
SUSPECT / PARTY (P2)	Name (Last, First, M.I.) (include aliases)					Phone	DOB	Month	Day	Year	Age	<input type="checkbox"/> Male <input type="checkbox"/> Female
	Street & City					APT #	Zip	<input type="checkbox"/> Non-English, language: <input type="checkbox"/> Spanish <input type="checkbox"/> Chinese <input type="checkbox"/> Other:				
ASSOCIATED PERSONS	1. Name (Last, First, M.I.) (include aliases)					Phone	DOB	Month	Day	Year	Age	<input type="checkbox"/> Male <input type="checkbox"/> Female
	2. Name (Last, First, M.I.) (include aliases)					Phone	DOB	Month	Day	Year	Age	<input type="checkbox"/> Male <input type="checkbox"/> Female
SUSPECT ACTIONS	<input type="checkbox"/> Check all that apply: <input type="checkbox"/> Biting <input type="checkbox"/> Impaired Alcohol/Drugs <input type="checkbox"/> Pushing <input type="checkbox"/> Threw Items <input type="checkbox"/> Unwanted Contact <input type="checkbox"/> Verbal Abuse <input type="checkbox"/> Violated Visitation/ Custody Conditions <input type="checkbox"/> OTHER Suspect Actions:					<input type="checkbox"/> Threats (yes/no): <input type="checkbox"/> Injury/Kill Persons <input type="checkbox"/> Injury/Kill Self <input type="checkbox"/> Injury/Kill Pet/Animal <input type="checkbox"/> Take Child <input type="checkbox"/> Destroy/Take Property <input type="checkbox"/> Other:						
	<input type="checkbox"/> Destroyed Property (describe) <input type="checkbox"/> Forced Entry <input type="checkbox"/> Possible Resistant <input type="checkbox"/> Hair Pulling <input type="checkbox"/> Homicide <input type="checkbox"/> Kicking <input type="checkbox"/> Punching <input type="checkbox"/> Stabbing <input type="checkbox"/> Strangulation "Choking" <input type="checkbox"/> Suicide or Attempt					<input type="checkbox"/> Threat with weapon <input type="checkbox"/> Weapons used: (specify)						
OFFENSES & OP	<input type="checkbox"/> Arrest Made? <input type="checkbox"/> Arrest #					<input type="checkbox"/> Reasons arrest not made on-scene: <input type="checkbox"/> No Offense Committed <input type="checkbox"/> No Probable Cause <input type="checkbox"/> Suspect Off-Scene						
	<input type="checkbox"/> Warrant/Criminal Statutes to be reported <input type="checkbox"/> Violation level: not in police precinct (no citizen's arrest) <input type="checkbox"/> Other:											
INVESTIGATION	<input type="checkbox"/> Offenses <input type="checkbox"/> Law (e.g. NYC) <input type="checkbox"/> Section (e.g. NYC) <input type="checkbox"/> Charge Filed					<input type="checkbox"/> Offenses Involved: check all that apply: <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Violation <input type="checkbox"/> Other (specify):						
	<input type="checkbox"/> Registry Checked? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Order of Protection? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Stay Away Order? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Order Violated? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Any PRIOR orders? <input type="checkbox"/> Yes <input type="checkbox"/> No					<input type="checkbox"/> OP Court Name: <input type="checkbox"/> Family <input type="checkbox"/> Criminal <input type="checkbox"/> Supreme <input type="checkbox"/> Out of State <input type="checkbox"/> Tribal <input type="checkbox"/> Temporary Fee <input type="checkbox"/> Month <input type="checkbox"/> Day <input type="checkbox"/> Year						
STOP! COMPLETE STATEMENT ON PAGE 2 SENT												
<input type="checkbox"/> Photos Taken? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> If YES, photos taken of: <input type="checkbox"/> Victim Injuries <input type="checkbox"/> Suspect Injuries <input type="checkbox"/> Other evidence collected? <input type="checkbox"/> Yes <input type="checkbox"/> No												
<input type="checkbox"/> Results of investigation and basis of action taken. (Were excited utterances, spontaneous admissions or spontaneous statements made?) <input type="checkbox"/> Yes <input type="checkbox"/> No (Complete TPD 30 or other form when applicable)												
<input type="checkbox"/> Any Guns in House? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Any Guns Seized? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Household Member Has Pistol Permit? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Permit Seized? <input type="checkbox"/> Yes <input type="checkbox"/> No												
<input type="checkbox"/> Is there reasonable cause to suspect a child may be the victim of abuse, neglect, maltreatment, or endangerment? <input type="checkbox"/> Yes <input type="checkbox"/> No												
<input type="checkbox"/> IF YES, officer must contact the NYS CHILD ABUSE HOTLINE REGISTRY # 1-800-635-1522												
<input type="checkbox"/> IS SUSPECT ON PAROLE OR PROBATION? <input type="checkbox"/> Probation <input type="checkbox"/> Parole <input type="checkbox"/> Not Supervised <input type="checkbox"/> Status Unknown												
<input type="checkbox"/> CONTACTS INITIATED BY POLICE: <input type="checkbox"/> Domestic Violence Services <input type="checkbox"/> Child Protective Services (or ACS) <input type="checkbox"/> Other Agency:												
<input type="checkbox"/> Officer's Signature (& Rank) (PRINT and SIGN)					<input type="checkbox"/> T. Was D&P given to the victim at the scene? <input type="checkbox"/> Yes <input type="checkbox"/> No							
<input type="checkbox"/> Supervisor's Signature (& Rank) (PRINT and SIGN)					<input type="checkbox"/> F. Was Victim Rights Notice given to victim? <input type="checkbox"/> Yes <input type="checkbox"/> No							
					<input type="checkbox"/> IF NO, give reason:							

Police Report Threatening Physical Violence

Tao Wei



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Table of Contents Police Report Threatening Physical Violence

1. Understanding the eBook Police Report Threatening Physical Violence
 - The Rise of Digital Reading Police Report Threatening Physical Violence
 - Advantages of eBooks Over Traditional Books
2. Identifying Police Report Threatening Physical Violence
 - Exploring Different Genres
 - Considering Fiction vs. Non-Fiction
 - Determining Your Reading Goals
3. Choosing the Right eBook Platform
 - Popular eBook Platforms
 - Features to Look for in an Police Report Threatening Physical Violence
 - User-Friendly Interface
4. Exploring eBook Recommendations from Police Report Threatening Physical Violence
 - Personalized Recommendations
 - Police Report Threatening Physical Violence User Reviews and Ratings
 - Police Report Threatening Physical Violence and Bestseller Lists
5. Accessing Police Report Threatening Physical Violence Free and Paid eBooks
 - Police Report Threatening Physical Violence Public Domain eBooks
 - Police Report Threatening Physical Violence eBook Subscription Services

- Police Report Threatening Physical Violence Budget-Friendly Options
- 6. Navigating Police Report Threatening Physical Violence eBook Formats
 - ePub, PDF, MOBI, and More
 - Police Report Threatening Physical Violence Compatibility with Devices
 - Police Report Threatening Physical Violence Enhanced eBook Features
- 7. Enhancing Your Reading Experience
 - Adjustable Fonts and Text Sizes of Police Report Threatening Physical Violence
 - Highlighting and Note-Taking Police Report Threatening Physical Violence
 - Interactive Elements Police Report Threatening Physical Violence
- 8. Staying Engaged with Police Report Threatening Physical Violence
 - Joining Online Reading Communities
 - Participating in Virtual Book Clubs
 - Following Authors and Publishers Police Report Threatening Physical Violence
- 9. Balancing eBooks and Physical Books Police Report Threatening Physical Violence
 - Benefits of a Digital Library
 - Creating a Diverse Reading Collection Police Report Threatening Physical Violence
- 10. Overcoming Reading Challenges
 - Dealing with Digital Eye Strain
 - Minimizing Distractions
 - Managing Screen Time
- 11. Cultivating a Reading Routine Police Report Threatening Physical Violence
 - Setting Reading Goals Police Report Threatening Physical Violence
 - Carving Out Dedicated Reading Time
- 12. Sourcing Reliable Information of Police Report Threatening Physical Violence
 - Fact-Checking eBook Content of Police Report Threatening Physical Violence
 - Distinguishing Credible Sources
- 13. Promoting Lifelong Learning
 - Utilizing eBooks for Skill Development
 - Exploring Educational eBooks
- 14. Embracing eBook Trends

- Integration of Multimedia Elements
- Interactive and Gamified eBooks

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