

DATE COLLECTED		TIME COLLECTED		CASE NUMBER	
01 12 2002		1500		[REDACTED]	
OFFENSE			CAD NUMBER		
CHILD ABUSE (PHYSICAL)			[REDACTED]		
PLACE OF OCCURRENCE					
[REDACTED]					
OWNER <input checked="" type="checkbox"/>		COMPLAINANT <input type="checkbox"/>		FINDER <input type="checkbox"/>	
APD					
ADDRESS			PHONE		
400 ROMA NW			[REDACTED]		
D.O.B. (required)		S.S.N. (required)		AGE	
[REDACTED]		[REDACTED]		[REDACTED]	
ARRESTED/SUSPECT					
[REDACTED]					
ADDRESS			PHONE		
[REDACTED]			[REDACTED]		
D.O.B. (required)		S.S.N. (required)		AGE	
[REDACTED]		[REDACTED]		[REDACTED]	
REMARKS					
2 AUDIO					
2 VIDEO					
US CURRENCY AMOUNT \$			OFFICER VERIFIED EVIDENCE TECH		
[REDACTED]			[REDACTED]		
ARTICLE			BRAND		
[REDACTED]			[REDACTED]		
MODEL NO.			SERIAL NO.		
[REDACTED]			[REDACTED]		
COLOR		SIZE / GAUGE		BIO-HAZARD <input type="checkbox"/>	
[REDACTED]		[REDACTED]		[REDACTED]	
FELONY	MISDEMEANOR	FOUND	SAFEKEEPING	DESTROY	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
OFFICER'S NAME (PRINTED OR TYPED)				EMPLOYEE ID	
[REDACTED]				[REDACTED]	
OFFICER'S SIGNATURE					
[REDACTED]					
RECEIVED BY				VALUE	
[REDACTED]				[REDACTED]	
DATE	TIME	CARD	OF	COMPARTMENT	
5 12 02	1300	1	1	[REDACTED]	
BAR CODE #					