

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