

LAW ENFORCEMENT INFORMATION REPORTING FORM



INSTRUCTIONS TO LAW ENFORCEMENT: In accordance with s. 960.05 (k), Fla. Stat., the Bureau of Victim Compensation (BVC) is entitled to receive from the state attorney, or from law enforcement agencies, any data, including confidential records, which enables the department to determine if a crime was committed or attempted. BVC has recognized the necessity for a replacement or supplemental form when the incident report is not available due to an active investigation, or if the circumstances of the crime need to be clarified. This form was created for those purposes. Please have the proper authority charged with investigating the crime, or the state attorney who has jurisdiction over the criminal proceedings, report data necessary for BVC to evaluate the qualifications of the victim/applicant's request for compensation. Return the form directly to the Office of the Attorney General, Bureau of Victim Compensation, PL-01, The Capitol, Tallahassee, FL 32399-1050, by facsimile to (850) 414-6197 or (850) 414-5779, or email to VCIntake@MyFloridaLegal.com.

SECTION ONE: LAW ENFORCEMENT AGENCY AND OFFICER INFORMATION (please print)

1. Law Enforcement Agency Name:		2. Agency Telephone Number:	
3. Officer's Name (last, first):		4. Officer's Email:	5. Officer's Badge Number:
6. Report/Case Number:			

SECTION TWO: CRIME INFORMATION (please print)

7. Type of Crime:				
<input type="checkbox"/> Arson	<input type="checkbox"/> Child Pornography	<input type="checkbox"/> Hit and Run	<input type="checkbox"/> Robbery	
<input type="checkbox"/> Assault/Battery	<input type="checkbox"/> Child Sexual Abuse	<input type="checkbox"/> Home Invasion	<input type="checkbox"/> Sexual Assault/Battery	
<input type="checkbox"/> Aggravated Assault/Battery	<input type="checkbox"/> Domestic Assault/Battery	<input type="checkbox"/> Homicide	<input type="checkbox"/> Theft	
<input type="checkbox"/> Aggravated Stalking	<input type="checkbox"/> Driving, Boating, Operating Aircraft Under the Influence	<input type="checkbox"/> Human Trafficking	<input type="checkbox"/> Other Statutory Violation (please specify): _____	
<input type="checkbox"/> Burglary	<input type="checkbox"/> Fleeing and Eluding	<input type="checkbox"/> Kidnapping		
<input type="checkbox"/> Child Physical Abuse		<input type="checkbox"/> Lewd and Lascivious		
8. Date of Crime:	9. Time of Incident:	10. Date Reported:	11. Time Reported:	
12. Crime Location Street Address:		13. City:	14. State:	15. Zip Code:
16. County:				
17. Did a minor under age 18 witness the crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		18. If Yes, Minor Witness' Name (last, first):		

SECTION THREE: OFFENDER INFORMATION (please print)

19. Offender(s) Name (last, first, middle), Gender, Race, and Date of Birth:				
No.1 _____	<input type="checkbox"/> Male <input type="checkbox"/> Female	Race: _____	Date of Birth: _____	
No.2 _____	<input type="checkbox"/> Male <input type="checkbox"/> Female	Race: _____	Date of Birth: _____	
No.3 _____	<input type="checkbox"/> Male <input type="checkbox"/> Female	Race: _____	Date of Birth: _____	
20. Case Status:				
<input type="checkbox"/> Arrest Made/Closed	<input type="checkbox"/> No Arrest/Closed	<input type="checkbox"/> Pending Further Investigation/Open		
<input type="checkbox"/> Defendant Deceased/Closed	<input type="checkbox"/> Exceptionally Cleared/No Crime	<input type="checkbox"/> Offender At Large/No Arrest		
<input type="checkbox"/> Information Report Only/Closed	<input type="checkbox"/> Other (please explain): _____			

SECTION FOUR: VICTIM INFORMATION (please print)

21. Victim(s) Name (last, first, middle), Gender, Race, and Date of Birth:				
No.1 _____	<input type="checkbox"/> Male <input type="checkbox"/> Female	Race: _____	Date of Birth: _____	
No.2 _____	<input type="checkbox"/> Male <input type="checkbox"/> Female	Race: _____	Date of Birth: _____	
No.3 _____	<input type="checkbox"/> Male <input type="checkbox"/> Female	Race: _____	Date of Birth: _____	

SECTION FIVE: ELIGIBILITY CRITERIA QUESTIONS (please print)

22. Was the crime reported within 120 hours of occurrence? <input type="checkbox"/> Yes <input type="checkbox"/> No		23. Did the victim cooperate with law enforcement? <input type="checkbox"/> Yes <input type="checkbox"/> No (please explain)	
24. Did the victim contribute to the infliction of the injuries by his/her conduct? <input type="checkbox"/> Yes (please explain) <input type="checkbox"/> No		25. Was the victim involved in an unlawful activity at the time of the crime? <input type="checkbox"/> Yes (please explain) <input type="checkbox"/> No	
26. Did the victim suffer a personal physical injury as a result of the crime? (If yes, please identify the injuries suffered.) <input type="checkbox"/> Yes <input type="checkbox"/> No			

27. Crime Narrative (required):

28. Officer's Signature: _____	Date: _____
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The Office of the Attorney General, Bureau of Victim Compensation is an equal opportunity provider and employer.