

SUPPLEMENTARY INVESTIGATION

AGENCY INFO.	Agency Name	OCA
	ORI	ORIGINAL PRIMARY CRIME

CHANGED INFORMATION	Crime #	Changed Crime/Incident	Relationship	Weapon Changed	Premise Changed	
	Changed Victim (Originally listed, but needs to be amended)					
	Original Listing Victim # _____ Age _____ Race _____ Sex _____		Changed to Age _____ Race _____ Sex _____		Original Listing Victim # _____ Age _____ Race _____ Sex _____	

ADDITIONAL INFORMATION	Crime #	Crime / Incident(s) (Not listed previously)	<input type="checkbox"/> Attempt <input type="checkbox"/> Complete	Committed Against Victim #	
	Additional Victim (Not listed previously) Victim # _____ Age _____ Race _____ Sex _____				
	Victim # _____ Age _____ Race _____ Sex _____ Victim # _____ Age _____ Race _____ Sex _____				

ADDITIONAL PROPERTY	** NOTE ** LIST ONLY ADDITIONAL VALUES NOT PREVIOUSLY REPORTED **									
	Status	L = Lost S = Stolen R = Recovered D = Damaged Z = Seized B = Burned C = Counterfeit / Forged F = Found								
	Code	(Check "OJ" column if recovered or seized for other jurisdiction)								
	Victim #	DCI	Status	Value	OJ	QTY	Property Description	Make/Model	Serial Number	

ADDITIONAL DRUGS	DCI	Status	Quantity	Type Measure	Suspected Type	Check up to 3 types of activity for each					
						Possess	Buy	Sale	Mfg.	Importing	Operating

NARRATIVE	

ID	Officer Name / ID#	Officer Signature	Supervisor Signature

STATUS	Date - Time Submitted Month Day Yr _____ Hrs. _____	Case Status <input type="checkbox"/> Further Investigation <input type="checkbox"/> Inactive <input type="checkbox"/> Closed/Cleared <input type="checkbox"/> Closed/Leads Exhausted	Case Disposition: <input type="checkbox"/> Unfounded <input type="checkbox"/> Juvenile/No Custody <input type="checkbox"/> Extradition Declined <input type="checkbox"/> Cleared by Arrest <input type="checkbox"/> Refuse to Cooperate <input type="checkbox"/> Located <input type="checkbox"/> Cleared by Arrest by Another Agency <input type="checkbox"/> Death of Offender <input type="checkbox"/> Prosecution Declined	Page ____ of ____