**CASE INTAKE REPORT**

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| **INCIDENT #** | **DEPARTMENT:** |
| OFFICER NAME/BADGE #: | OFC. CONTACT INFO (email/phone): |
| CUSI CONTACTED:  Y  N | CUSI DETECTIVE CONTACTED: |
| DATE OF OFFENSE: | LOCATION: |
| BODY CAMERA OR CRUISER CAMERA FOOTAGE AVAILABLE:  Y  N  IF JUVENILE INVOLVED, CONTACT DCF WITHIN 24 HOURS @ 1-800-649-5285  DCF CONTACTED @      AM/PM | |
| NATURE OF INCIDENT:  Sex Offense  Child Abuse  Intel Only  Other | |

**COMPLAINANT INFORMATION**

|  |  |
| --- | --- |
| COMPLAINANT: | DATE & TIME: |
| ADDRESS: | HOME PHONE: |
| RELATION TO V: | WORK PHONE: |
|  | CELL PHONE: |

**VICTIM INFORMATION**

|  |  |
| --- | --- |
| FIRST NAME: | ADDRESS: |
| LAST NAME: |  |
| DATE OF BIRTH: | HOME PHONE: |
| AGE: | WORK PHONE: |
| DCF CUSTODY:  Y  N | CELL PHONE: |
| DCF NOTIFIED:  Y  N |  |
| PARENTS: | |
| COMMENTS: | |
| VERBAL/AUDIO RECORDED INTERVIEWS ONLY  NO WRITTEN STATEMENTS EXEPT FOR RESTAINING ORDER APPLICATIONS | |

**SUSPECT INFORMATION**

|  |  |
| --- | --- |
| FIRST NAME: | ADDRESS: |
| LAST NAME: |  |
| DATE OF BIRTH: | HOME PHONE: |
| AGE: | WORK PHONE: |
| RELATIONSHIP TO (V): | CELL PHONE: |
| COMMENTS: | |

CUSI fax 652-4167 | CUSI on-call 658-2700 | DCF 24-hour line (800) 649- 5285

***PLEASE FAX ANY AND ALL AGENCY ASSOCIATED PAPERWORK ALONG WITH THIS INTAKE REPORT***