DOJ 03/15

# WISCONSIN SUPPLEMENTARY HOMICIDE INCIDENT FORM

Department of Justice
Uniform Crime Reporting Program
PO Box 2718
Madison, WI 53701-2718

| 1 Agency Incident # | 2 Type of Homicide | 3 Situation | 4 Date of Homicide | 5 Time of Homicide | 6 Report Date | 7 Weapons (Up to 3) | 8 Location | 9 Circumstances (Up to 2) | 10 Drug/ Alcohol | 11 Exceptional Clearance | Victim | | | | Offender | | | | 20 Arrested? | 21 Juv Dispo-sition | 22 Relationship victim to offender |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | 12 Victim # | 13 Age | 14 Sex | 15 Race | 16 Offender # | 17 Age | 18 Sex | 19 Race | | | |
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Month and Year

Preparer

Preparer Title

Agency Identifier (ORI)

Agency

Preparer Signature