DOJ 03/15

WISCONSIN SEXUAL ASSAULT INCIDENT FORM

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

1 Agency Incident #	2 Att / Comp/ Ongoing	3 Offense Code	4 Date of Assault	5 Time of Assault	6 Date of Report	7 Clearance date	8 Weapon	9 Location	10 Unfounded	11 Exceptional Clearance	Victim				16 Victim Injuries (up to 3)	Offender				21 Arrested?	22 Juv. Dispo-sition	23 Victim to Offender Relationship
											12 Victim #	13 Age	14 Sex	15 Race		17 Offend. #	18 Age	19 Sex	20 Race			

Month and Year

Preparer

Preparer Title

Agency Identifier (ORI)

Agency

Preparer Signature