

# SUPPLEMENTARY REPORT

CLEVELAND DIVISION OF POLICE

Complaint #: \_\_\_\_\_

Subject or Crime \_\_\_\_\_ Date of this Report \_\_\_\_\_

Company or Owner	Address	Phone	Age	Sex	Race	M/S
Victim	Address	Phone	Age	Sex	Race	M/S
Address of Occurrence		Type of Place	Zone			
Time of Occurrence		Date of Occurrence	Day of Week			
Secured by	Address	Phone	Time	Day	Date	
Discovered by	Address	Phone	Time	Day	Date	

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Follow-up Report

C OF C 71-10 REV. 9/01

Investigating Officers		Platoon	Car	Approved By			
Weather	<input type="checkbox"/> Clear <input type="checkbox"/> Cloudy	<input type="checkbox"/> Rain <input type="checkbox"/> Snow	Temp _____ °F	Wind _____ mph	<input type="checkbox"/> AIU <input type="checkbox"/> CS&RU	<input type="checkbox"/> Requested <input type="checkbox"/> Not Requested	<input type="checkbox"/> On Scene
Assignment Received from:		<input type="checkbox"/> Radio	<input type="checkbox"/> District	<input type="checkbox"/> Det. Bur.	<input type="checkbox"/> Other		
Time Assigned		Time Completed					