

DENTON COUNTY CASE REPORT
INSTRUCTIONS

Agency: Name of Reporting Agency
Reporting Officer: **Full** name of reporting Officer (**not just initials**)
ID: Reporting Officer's ID number
Phone: Reporting Officer's office phone number
Investigating Officer: **Full** name of Investigating Officer (**not just initials**)
Offense Level: Check box next to appropriate offense level
Offense: Offense title and statute number
Offense #: Agency's case number
Offense Date / Time: Date and time the offense occurred
Arrest Date / Time: Date and time of defendant's arrest, **at-large** if not arrested
Offense location type: One of the following: Residence
Bank Garage Parking lot
Building Gas Station Restaurant
Convenience Store Grocery Store School
County Road Highway Police Dept.
Department Store Motel Public Street
Defendant: **Full** Name of Defendant
Race: Race of Defendant
Sex: Sex of defendant
Age: Age of defendant
DOB: Defendant's Date of Birth
Height, weight, eye, hair: Defendant's height, weight, eye and hair color
DL#: Defendant's Driver's License Number
SS#: Defendant's Social Security Number
SID#: Defendant's State ID Number
Co-defendants: **Full** name and date of birth of co-defendants
Complainant / Injured Party: **Full** name of complainant or injured party, if it is a business, **Full** name of business owner or manager
Address: Home address of complainant or business
Phone#: Home phone number of complainant
Work Address: Work address of complainant or injured party
Phone#: Work phone number of complainant
DA USE ONLY: **Do not fill out**