



INTEGRATED  
CURRICULUM UNIT  
ON FORENSICS

# *Crime Scene Investigation*

**IMPORTANT:** This is the document that you will actually turn in on November 10th (only one for a team and please link it under Phase 5 in your Case File document)! It should be completed based on the work you do for your Investigation Case File - individually and as a team.

Your arrest report should be built on the math, science, language, and social studies you are learning and applying through this project - i.e. the core subject matter should be front & center, justifying the theory you will present to the Grand Jury.

Name \_\_\_\_\_ Date \_\_\_\_\_ Period \_\_\_\_\_

**Graphic Organizer – Narrative Police Report**

|   |  |
|---|--|
| <p><u>1. a. WHO?</u><br/>         Who were the police officers?<br/>         Who are the victims, witnesses and suspects?<br/>         Who discovered the crime?<br/>         Who heard or saw anything important?<br/>         Who was able to get into the crime scene?</p> |  |
| <p><u>1.b. WHAT?</u><br/>         What actually happened?<br/>         What crime was committed?<br/>         What evidence was obtained?<br/>         What happened to the evidence?</p>   |  |
| <p><u>1.c. WHERE?</u><br/>         Where did the crime happen?<br/>         Where were the victim, witnesses and suspects?<br/>         Where was the evidence found and stored?</p>  |  |
| <p><u>1.d. WHEN?</u><br/>         When did the crime occur and when was it discovered?<br/>         When did officers arrive?</p>   |  |
| <p><u>1.e. WHY?</u><br/>         Why was the crime committed?<br/>         Why did the suspect commit the crime?</p>  |  |
| <p><u>1.f. HOW?</u><br/>         How was the crime committed?<br/>         How was the entry made and how did the suspect leave?</p>  |  |

**Graphic Organizer – Narrative Police Report (continued)**

|   |  |
|---|--|
| <p><u>2. IDENTIFICATION OF THE CRIME:</u> including the common name of the crime and the specific statutory code for the crime.</p>   |  |
| <p><u>3. VICTIM/WITNESS STATEMENTS</u></p>  |  |
| <p><u>4. EVIDENCE NARRATIVE PORTION,</u> including everything the evidence tech officer saw and did at the scene of the crime (which means all the CSI procedures, not just the one your own group did). Always written in chronological order (never back up to explain anything).</p> <ul style="list-style-type: none"> <li>• Arrival at scene, primary officer’s statement</li> <li>• Security procedures</li> <li>• Description of scene, describe scene in order from west door to east wall</li> <li>• Marking, photography, collection of evidence</li> <li>• Catalog of Evidence (list of photos, prints, blood, physical evidence)</li> </ul> |  |

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## LAW ENFORCEMENT CRIME / INCIDENT REPORT

|  |  |              |   |   |             |  |                 |   |                             |                         |
|--|--|--------------|---|---|-------------|--|-----------------|---|-----------------------------|-------------------------|
| L<br>O<br>C<br>A<br>T<br>I<br>O<br>N                     | 1. DR No.  | 2. City Code | 3. Crime/Classification                 |   |             | 4. Detail                                    |                 | 5. More Persons<br><input type="checkbox"/> |                             |                         |
|  | 6. Day of the Week /Date/ Time of Occurrence   |              |   | 7. Day of the Week /Date/ Time Reported |             |  | 8. Employee No. |   |                             |                         |
|  | 9. Address/Locations of Occurrence   |              |   |   |             | City   |                 | Zip   |                             |                         |
| #<br>1<br>V<br>I<br>C<br>T<br>I<br>M<br>/<br>W<br>I<br>T | 10. <input type="checkbox"/> PRI <input type="checkbox"/> VIC <input type="checkbox"/> WIT <input type="checkbox"/> MSP <input type="checkbox"/> RUN <input type="checkbox"/> SUS <input type="checkbox"/> LEAD <input type="checkbox"/> OTHER |              |   |   |             |  |                 |   |                             |                         |
|  | 11. Name (Last)  |              | 12. First                               |   | 13. Middle  | 14. Race                                     | 15. Sex (M/F)   | 16. Age                                     | 17. Date of Birth           | 18. Driver License No.  |
|  | 19. Home Address   |              |   |   | City        |  | State           | Zip   | Home Telephone w/ area code |                         |
|  | 20. Employed by or school  |              |   |   | City        |  | State           | Zip   | Work Telephone w/ area code |                         |
|  | 21. Hair   | 22. Eyes     |   | 23. Height                              |             | 24. Weight pounds                            |                 | 25. AKA/Maiden Names                        |                             | 26. Social Security No. |
|  | 27. Further Description (Scars, Tattoos, Mannerisms, Clothing, Etc.)   |              |   |   |             |  |                 | 28. Booking or Cite No.:                    |                             |                         |
|  |  |              |   |   |             |  |                 |   |                             |                         |
| #<br>2<br>V<br>I<br>C<br>T<br>I<br>M<br>/<br>W<br>I<br>T | 29. <input type="checkbox"/> PRI <input type="checkbox"/> VIC <input type="checkbox"/> WIT <input type="checkbox"/> MSP <input type="checkbox"/> RUN <input type="checkbox"/> SUS <input type="checkbox"/> LEAD <input type="checkbox"/> OTHER |              |   |   |             |  |                 |   |                             |                         |
|  | 30. Name (Last)  |              | 31. First                               |   | 32. Middle  | 33. Race                                     | 34. Sex (M/F)   | 35. Age                                     | 36. Date of Birth           | 37. Driver License No.  |
|  | 38. Home Address   |              |   |   | City        |  | State           | Zip   | Home Telephone w/ area code |                         |
|  | 39. Employed by or school  |              |   |   | City        |  | State           | Zip   | Work Telephone w/ area code |                         |
|  | 40. Hair   | 41. Eyes     |   | 42. Height                              |             | 43. Weight pounds                            |                 | 44. AKA/Maiden Names                        |                             | 45. Social Security No. |
|  | 46. Further Description (Scars, Tattoos, Mannerisms, Clothing, Etc.)   |              |   |   |             |  |                 | 47. Booking or Cite No.:                    |                             |                         |
|  |  |              |   |   |             |  |                 |   |                             |                         |
| #<br>3<br>V<br>I<br>C<br>T<br>I<br>M<br>/<br>W<br>I<br>T | 48. <input type="checkbox"/> PRI <input type="checkbox"/> VIC <input type="checkbox"/> WIT <input type="checkbox"/> MSP <input type="checkbox"/> RUN <input type="checkbox"/> SUS <input type="checkbox"/> LEAD <input type="checkbox"/> OTHER |              |   |   |             |  |                 |   |                             |                         |
|  | 49. Name (Last)  |              | 50. First                               |   | 51. Middle  | 52. Race                                     | 53. Sex (M/F)   | 54. Age                                     | 55. Date of Birth           | 56. Driver License No.  |
|  | 57. Home Address   |              |   |   | City        |  | State           | Zip   | Home Telephone w/ area code |                         |
|  | 58. Employed by or school  |              |   |   | City        |  | State           | Zip   | Work Telephone w/ area code |                         |
|  | 59. Hair   | 60. Eyes     |   | 61. Height                              |             | 62. Weight pounds                            |                 | 63. AKA/Maiden Names                        |                             | 64. Social Security No. |
|  | 65. Further Description (Scars, Tattoos, Mannerisms, Clothing, Etc.)   |              |   |   |             |  |                 | 66. Booking or Cite No.:                    |                             |                         |
|  |  |              |   |   |             |  |                 |   |                             |                         |
| V<br>E<br>H<br>I<br>C<br>L<br>E                          | 67. Veh/Ves<br><input type="checkbox"/> S <input type="checkbox"/> Vict  |              | 68. Lic. No.                            |   | State       | 69. Year                                     | 70. Make        | 71. Model                                   | 72. Body Style              | 73. Color               |
|  | 74. Status<br><input type="checkbox"/> Left<br><input type="checkbox"/> Impound<br><input type="checkbox"/> Stored   |              | 75. Registered Owner (Last, First Name) |   |             | 76. Registered Owner Address: City State Zip |                 |   |                             |                         |
|  | 77. Towed to or released to?   |              |   |   |             | 78. Who has keys?                            |                 |   |                             |                         |
|  | 79. Evidence<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No  |              | 80. Disposition of Evidence             |   | 81. Missing |  |                 | 82. Damaged                                 |                             |                         |

|                                |                        |                             |          |             |
|--------------------------------|------------------------|-----------------------------|----------|-------------|
| 83. Brief Synopsis of Incident |                        |                             |          |             |
| 84. Reporting Deputy (Print)   | 85. Date/ Time Written | 86. Approving Supv. (Print) | 87. Date | 88. Page of |

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 Supplemental

### LAW ENFORCEMENT CRIME / INCIDENT REPORT

|                  |  |              |                         |   |                 |   |
|------------------|--|--------------|-------------------------|---|-----------------|---|
| I<br>N<br>F<br>O | 1. DR No.  | 2. City Code | 3. Crime/Classification |   | 4. Detail       | 5. Reclassification<br><input type="checkbox"/> |
|                  | 6. Victim name<br>Last                      First                      Middle  |              | 7. Date Original Report |   | 8. Employee No. |   |
|                  | 9. Address/Locations of Occurrence<br>City                      ST                      Zip  |              |                         | 10. Suspect's Name<br>Last                      First                      Middle |                 |   |
|                  | 11. Property Description:<br>Impounded; Recovered; Found; Lost; Stolen; Article; Quantity; Brand/Make/Manufacturer's Model No.; Serial Number; Miscellaneous Description, Location Where Taken; Value; Include Total Loss: LIST IN FOLLOWING ORDER: A) Currency; B) Jewelry; C) Furs; D) Vehicles; E) Office Equipment; F) Radio, TVs, etc.; G) Firearms; H) Household Goods; I) Misc. |              |                         |   |                 |   |
|                  | 12. Recovered Property:<br>\$  |              |                         |   |                 |   |
|                  |  |              |                         |   |                 |   |

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13.

14. Departing Deputy (Print)

15. Date/ Time Written

16. Approving Supv. (Print)

17. Date

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