

Crime Analysis Request

Please forward completed requests to CIU Supervisor

Case Number: _____ Requestor/Agency: _____ Request Date: _____
 Request Needed By: _____ Date Completed: _____ Analyst: _____

Work Product Requests

- | | | |
|---|--|---|
| <input type="checkbox"/> Link Chart
<input type="checkbox"/> Analytical Time Line of Events
<input type="checkbox"/> Phone Toll Analysis
<input type="checkbox"/> Informational/Background | <input type="checkbox"/> Suspicious Person/Vehicle
<input type="checkbox"/> Person of Interest Bulletin
<input type="checkbox"/> Officer Safety Bulletin
<input type="checkbox"/> Map | <input type="checkbox"/> Wanted Bulletin
<input type="checkbox"/> Poster
<input type="checkbox"/> Other _____ |
|---|--|---|

Subject Search - Complete as much information as possible

Full Name/AKA/Moniker: _____
 DOB or Age: _____ | DL#: _____ | SSN: _____
 Last Known Address: _____
 Other: _____

Address Search Please provide any known/relevant address information and indicate your interest.

Complete Address: _____
 Calls for Service Contacts at Address Ownership Information Misc

Vehicle Searches Please provide any known Vehicle Information

Complete or Partial License Plate _____
 Vehicle Description _____

Registration History
 All Vehicles Registered to Address
 Insurance Claims
 All Vehicles Registered to Subject

Associate Searches Please identify those associates you want more information on and/or provide associate information that may assist in any analytical queries (e.g. girlfriends, mothers, neighbors)

<input type="checkbox"/> Associates	<input type="checkbox"/> Neighbors	<input type="checkbox"/> Relatives	<input type="checkbox"/> Gang Relations
Additional/Known Info	Additional/Known Info	Additional/Known Info	Additional/Known Info

Other/Comments: _____

Database Checks (For Crime Analysis Use Only)

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Booking
<input type="checkbox"/> DOL Photo
<input type="checkbox"/> Accurint
<input type="checkbox"/> Probation
<input type="checkbox"/> Inmate Visits | <input type="checkbox"/> FIR
<input type="checkbox"/> WSIN
<input type="checkbox"/> JIS
<input type="checkbox"/> Employment
<input type="checkbox"/> RSO | <input type="checkbox"/> LInX
<input type="checkbox"/> DAPS
<input type="checkbox"/> Court
<input type="checkbox"/> Business
<input type="checkbox"/> NCIC III | <input type="checkbox"/> Phone Carrier
<input type="checkbox"/> FinCen
<input type="checkbox"/> Myspace / Facebook
<input type="checkbox"/> Other |
|---|--|--|--|

Supervisor Approval _____ Assigned: _____ Date: _____ Completed _____