

# 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<br><input type="checkbox"/> Analytical Time Line of Events<br><input type="checkbox"/> Phone Toll Analysis<br><input type="checkbox"/> Informational/Background | <input type="checkbox"/> Suspicious Person/Vehicle<br><input type="checkbox"/> Person of Interest Bulletin<br><input type="checkbox"/> Officer Safety Bulletin<br><input type="checkbox"/> Map | <input type="checkbox"/> Wanted Bulletin<br><input type="checkbox"/> Poster<br><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<br><input type="checkbox"/> DOL Photo<br><input type="checkbox"/> Accurint<br><input type="checkbox"/> Probation<br><input type="checkbox"/> Inmate Visits | <input type="checkbox"/> FIR<br><input type="checkbox"/> WSIN<br><input type="checkbox"/> JIS<br><input type="checkbox"/> Employment<br><input type="checkbox"/> RSO | <input type="checkbox"/> LInX<br><input type="checkbox"/> DAPS<br><input type="checkbox"/> Court<br><input type="checkbox"/> Business<br><input type="checkbox"/> NCIC III | <input type="checkbox"/> Phone Carrier<br><input type="checkbox"/> FinCen<br><input type="checkbox"/> Myspace / Facebook<br><input type="checkbox"/> Other |
|---|--|--|--|

Supervisor Approval \_\_\_\_\_ Assigned: \_\_\_\_\_ Date: \_\_\_\_\_ Completed \_\_\_\_\_