

Please return form to Virginia Victims Fund, Post Office Box 26927, Richmond, Virginia, 23261



# Police/Sheriff Report



A Division of the Virginia Workers' Compensation Commission

Web: [www.virginiavictimsfund.org](http://www.virginiavictimsfund.org) · Mail: P.O. Box 26927, Richmond, Virginia 23261 · Phone: 1.800.552.4007 · Fax: 804.823.6905

**Name of Victim** \_\_\_\_\_ **VVF Claim No.** \_\_\_\_\_

Type of Offense \_\_\_\_\_ Incident Report No. \_\_\_\_\_

Date of Offense \_\_\_\_\_ Time of Offense \_\_\_\_ : \_\_\_\_ A.M. \_\_\_\_ : \_\_\_\_ P.M.

Date of Report \_\_\_\_\_ Time of Report \_\_\_\_ : \_\_\_\_ A.M. \_\_\_\_ : \_\_\_\_ P.M.

**WAS VICTIM RESPONSIBLE IN PART FOR THE INJURIES?** Yes No Undetermined

**IF OTHER THAN A DEATH CASE, WAS VICTIM COOPERATIVE WITH YOU DURING THE INVESTIGATION?**

Yes No

Description of Crime/Motive for Offense

\_\_\_\_\_

**IF YOU HAVE ADDITIONAL COMMENTS, PLEASE USE AN ADDITIONAL SHEET OF PAPER**

Name of Suspect(s): \_\_\_\_\_

Social Security Number(s): \_\_\_\_\_

**Have arrests been made?** Yes No If not, why? \_\_\_\_\_

Was case forwarded to the Commonwealth's Attorney's Office for prosecution? Yes No

Court Case will be heard in: **J&DR** **GDC** **CC** City/County: \_\_\_\_\_

Disposition of Case: \_\_\_\_\_

For Sexual Assault Case: Was PERK or Forensic Exam Requested/Completed

\_\_\_\_\_

**I ACKNOWLEDGE I AM THE INVESTIGATING OFFICER: (PLEASE PRINT AND SIGN)**

\_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_ Name of agency: \_\_\_\_\_

If we should have questions, what is the best way to contact you? Telephone Email

Telephone number: \_\_\_\_\_ Email: \_\_\_\_\_