



# State of Nevada Victims of Crime Program

## Police Report Verification - DUI

*Submit this form if crime report cannot be released or to supplement crime report.*

### Victim Information

Victim Name:	Victim DOB:	VOCP Claim #
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Event #	Crime/Accident Date:
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Crime/Accident Location:
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### DUI Crime Information: (Completed by Law Enforcement Officials Only)

Date of Crime/Accident:	Date Crime/Accident Reported:
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Were Charges Filed or an Arrest Made: <input type="checkbox"/> Yes If Yes, describe charges: <input type="checkbox"/> No If No, please explain:
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Did the Victim <i>Cooperate</i> with Police? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, please explain:
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Was the Victim <i>Innocent</i> of wrongdoing? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, please explain:
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Was the Victim physically <i>Injured</i> ? <input type="checkbox"/> Yes If Yes, describe injuries: <input type="checkbox"/> No
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Were the offenders driving abilities impaired by alcohol or drug intoxication? <input type="checkbox"/> Yes If Yes, describe: <input type="checkbox"/> No
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What evidence is there that the offender was intoxicated? <input type="checkbox"/> BAC or Drug Test, Results: <input type="checkbox"/> Roadsides, Results: <input type="checkbox"/> Observations, Describe:
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*I am a Law Enforcement Official familiar with the facts of the crime referred to above.*

*The information provided herein is true and accurate to the best of my information and belief.*

Authorized Signature:	Print Signers Name:	Rank or Title:
Date:	Tele:	Email:

Mail to: VOCP P O Box 94525 Las Vegas, NV 89193-4525	Fax to: (888) 941-7890	Scan and email to: applications@voc-net.com
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