BRITISH COLUMBIA

REPORT TO CROWN COUNSEL
ACCUSED SUPPLEMENT

NO. OF ACCUSED ADULT(S) YOUNG PERSON(S)	POLICE AGENCY	POLICE CODE	POLICE CASE NO.	COURT FILE NO. LOCATION
NAMES OF ALL ACCUSED				

ACCUSED FAMILY/BUSINESS NAME	GIVEN 1	GIVEN 2	Y.O. NO.	ALIASES
ACCUSED ADDRESS	POSTAL CODE	PHONE	BUSINESS ADDRESS	

DATE OF BIRTH **Y M D**	AGE	HEIGHT	MASS	HAIR	EYES	RACE/DESC.	OCCUPATION	DURATION IN AREA

SEX	CITIZENSHIP	MARITAL STATUS	DIST. FEATURES/CLOTHING	F.P.S. NO.	INTERPRETER REQUIRED (LANGUAGE)

DRIVER'S LICENCE NO.	PLACE OF ISSUE	VEHICLE DESCRIPTION	CRIMINAL RECORD YES ☐ ATTACHED ☐ REQUESTED ☐ NIL ☐	PSYCHIATRIC EXAM REQUESTED YES ☐ NO ☐

YOUNG PERSON'S PARENT/GUARDIAN	NOTIFIED	BAIL COMMENTS
ADDRESS	YES ☐ NO ☐	
CITY / HOME PHONE / BUS. PHONE		

ARRESTED	WARRANT	SUMMONS REQUESTED	I.C. ACT REQUEST	SUMMONS ISSUED	APP. NOTICE	P.T.A	RECOGN. OFFICER	APPEARANCE DATE
☐	☐	☐	☐	☐	☐	☐	☐	

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