| **Número Único de Noticia Criminal** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| No. Expediente CAD | | | | | | | | | | | | | | | | Departamento | | | | | | | | | | | | | | Municipio | | | | | | | | | | | | | | | Entidad | | | | | | | | | | | | | Unidad Receptora | | | | | | | | | | | | | | | | | | | | | | Año | | | | | | | | | | | | | | | | | | | | | Consecutivo | | | | | | | | | | | | | | | | | | | | |
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| **ACTUACIÓN DEL PRIMER RESPONSABLE – FPJ - 04** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Departamento | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | Municipio | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | Fecha | | | | | | | AAAA | | | | | | | | | | | MM | | | | | | | | | | DD | | | | | | Hora | | | | | |  | | |  | | |  | | | |  | |
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| 1. **LUGAR DE LOS HECHOS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Zona donde ocurrieron los hechos | | | | | | | | | | | | | | | | | | | | | | Urbana | | | | | | | | | | | | | |  | | | | | | | | Rural | | | | | | | | | | | |  | | | | | | | | N°. y/o nombre comunal / localidad: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Barrio / Vereda: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Otros: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dirección: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Características: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Fecha y hora probable de los hechos: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **2. PROTECCIÓN AL LUGAR DE LOS HECHOS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Realiza acordonamiento | | | | | | | | | | | | | | | | | | | | | | | | | SI | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | NO | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ¿Por qué no acordonó?: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **3. OBSERVACIONES DEL LUGAR DE LOS HECHOS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Hubo alteración del lugar de los hechos | | | | | | | | | | | | | | | | | | | | | | | | | SI | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | NO | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ¿Por qué hubo alteración?: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Relación Intervinientes o personas que ingresaron al lugar de los hechos** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | SI | | | | | | | | | | | | | | | |  | | | | | | NO | | | | | | | | | | |  | | | | | |
| Nombres y Apellidos | | | | | | | | | | | | | | | | | | | | | | | | | Identificación | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Teléfono | | | | | | | | | | | | | | | | | | | | | | | | | | Entidad | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Actividad Realizada | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Se recibe EMP y EF de la ciudadanía** | | | | | | | | | | | | | | | | | | | | | | | SI | | | | | | | |  | | | | | | NO | | | | | | |  | | | | | | | | Cuántos? | | | | | | | | | | | | |  | | | | | | | | Fecha | | | | | | | | | | | AAAA | | | | | | | | MM | | | | | | | DD | | | | | Hora: | | | | | |  | | |  | | | |  | | | |  | |
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| Nombres y Apellidos de quien entrega | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Identificación | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Teléfono | | | | | | | | | | | | | | | | | | | | | | | | | | | Dirección | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **4. INFORMACIÓN OBTENIDA SOBRE LOS HECHOS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **5.HUBO HERIDOS EN EL MISMO HECHO** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | SI | | | | | |  | | | | NO | | | | | | | |  | | | | ¿Cuántos?: | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| Nombres y Apellidos: | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Identificación: | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| N° Telefónico: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Lugar donde se encuentra: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nota: En caso de ser más de uno relacionarlos en el anexo | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **6. HUBO MUERTOS EN EL MISMO HECHO** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | SI | | | | | | | | | |  | | | | | | NO | | | | | | |  | | | | | | | ¿Cuántos?: | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nombres y Apellidos: | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Identificación: | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Lugar donde se encuentra: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nota: En caso de ser más de uno relacionarlos en el anexo | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **7. VEHÍCULOS IMPLICADOS** | | | | | | | | | | | | | | | | | | | | | | | | | SI | | | | | | | |  | | | | | | | | NO | | | | | | | | |  | | | | | | | ¿Cuántos?: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Nota: En caso de ser más de uno relacionarlos en el anexo | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **8. PERSONAS CAPTURADAS** | | | | | | | | | | | | | | | | | | | | | | | | | | SI | | | | | | |  | | | | | | | NO | | | | | | | |  | | | | | | | | ¿Cuántos?: | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nombres y Apellidos: | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Identificación: | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Nota: En caso de ser más de uno relacionarlos en el anexo | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **9.TESTIGOS DE LOS HECHOS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | SI | | | | | | | |  | | | | | | | NO | | | | | | | | | | |  | | ¿Cuántos?: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nombres y Apellidos: | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Identificación: | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dirección y teléfono: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nota: En caso de ser más de uno relacionarlos en el anexo | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **10. PRIMER RESPONSABLE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| ¿Fue relevado? | | | | | | | | | SI | | | | | | |  | | | | NO | | | | | | | | | |  | | | | | |  | | | | | | | | | | | | | Fecha de relevo: | | | | | | | | | | | | | | | | | | | | | AAAA | | | | | | MM | | | | | | | | DD | | | | | Hora de relevo: | | | | | | | | | | | | | | | | | | |  | | |  | | | | |  | | | |  | | |
| Nombres y Apellidos del relevante | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Identificación | | | | | | | | | | | | | | | | | | | | Entidad | | | | | | | | | | | | | | | | | | | | | | | Teléfono | | | | | | | | | | | | | | | | | | | | | | | | | | | | Firma | | | | | | | | | | | | | | | | | | |
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| Observaciones: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **11. CONSTANCIA DE RECIBIDO DEL LUGAR DE LOS HECHOS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nombres y Apellidos | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Identificación | | | | | | | | | | | | | | | | | | | | | | | Entidad | | | | | | | | | | | | | | | | | | | Teléfono | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Fecha de recibido | | | | | | | | | | | | | | | | | | Hora de recibido | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Firma | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **AAAA** | | | | **MM** | | | | | **DD** | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | | | |  | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Nota: En el evento de requerir más espacio en cualquiera de los ítems, utilice el anexo del primer responsable en cuantos folios sea necesario.

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| **ANEXO ACTUACIÓN DEL PRIMER RESPONSABLE** | | |
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| Nombres y Apellidos | | Identificación |
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| **Número único de Noticia Criminal** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| No. Expediente CAD | | | | | | | Departamento | | Municipio | | | Entidad | | Unidad Receptora | | | | | Año | | | | Consecutivo | | | | |