

# CITIZEN REPORT

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE ONLY

INCIDENT NUMBER

## IMPORTANT:

To be considered a valid and official record, this completed and signed report **MUST** be returned to the address given.

Agency [ ] DPD [ ] PCSD				Sent to Detectives [ ] Yes [ ] No		
Incident Classification						
<input type="checkbox"/> Theft		<input type="checkbox"/> Attempt		<input type="checkbox"/> Vandalism		<input type="checkbox"/> Lost Property
Date Mailed	By	Call Back Number	Date Received	Entered By	CB	Dist
Location of Incident				Location Name		

INCIDENT NUMBER
-----------------

\_\_\_\_\_  
Name (Last Name, First Name, Middle Name)

\_\_\_\_\_  
Address Line 1

\_\_\_\_\_  
Address Line 2

\_\_\_\_\_  
City, State, ZIP Code

## MAIL TO:

DuPont Police Department  
1780 Civic Drive, Ste 100  
DuPont, WA 98327

## READ AND COMPLETE INFORMATION BELOW THIS LINE AND ON BACK PAGE.

### INSTRUCTIONS:

- In order for your report to be properly handled, all shaded information blocks must be completed. Please print using black ink. Mail the report to the address indicated.
- Your report will be processed. Send a copy of this report to your insurance company when filing a claim.
- If you obtain additional information, you must submit it with a valid Incident Number.
- Complete **Victim Information, Date/Time Reported, Date/Time Last Seen, Date/Time Discovered Missing/Damaged, Location Type, Point of Entry, Method of Entry.**
- Complete **Vehicle Section** if the theft occurred from a vehicle or the vehicle sustained damage.
- Answer the questions regarding alleged suspects.
- Complete the **Stolen/Damaged Property** section. Be very specific when describing serialized items, **especially weapons**, to ensure entry into state and national computer systems.
- Describe briefly what happened and how it happened. If you need more space, attach a separate piece of paper. Sign and date at the end of the report.

### PUBLIC DISCLOSURE

Check here to exercise your right of non-disclosure of your name to the public.

### VICTIM INFORMATION

Full Legal Name: First Middle Last

Address:

Address:

City, State ZIP Code

Date of Birth	Race	Ethnic Origin	Sex	Residence Phone (with area code)	Business Phone (with area code)
---------------	------	---------------	-----	----------------------------------	---------------------------------

### DATE/TIME REPORTED

### DATE/TIME LAST SEEN BEFORE MISSING/DAMAGED

### DATE/TIME DISCOVERED MISSING/DAMAGED

MM/DD/YYYY	Time AM PM	Day of Week	MM/DD/YYYY	Time AM PM	Day of Week	MM/DD/YYYY	Time AM PM	Day of Week
------------	------------------	-------------	------------	------------------	-------------	------------	------------------	-------------

### TYPE OF LOCATION WHERE OCCURRED

(Check all that apply)

<b>Residence:</b> <input type="checkbox"/> 01 One-story house <input type="checkbox"/> 02 Multi-story house <input type="checkbox"/> 03 Duplex <input type="checkbox"/> 04 Apartment/condo <input type="checkbox"/> 05 Nursing home <input type="checkbox"/> 07 Mobile home <input type="checkbox"/> 08 Travel trailer/RV	<input type="checkbox"/> 09 Boat/houseboat <input type="checkbox"/> 10 Vacation home/cabin <input type="checkbox"/> 11 Farm/ranch (residential) <input type="checkbox"/> 98 Other: _____ <b>Non-Residence:</b> <input type="checkbox"/> 26 Convenience store <input type="checkbox"/> 28 Drugstore/medical facility	<input type="checkbox"/> 31 Fast-food restaurant <input type="checkbox"/> 33 Gas station/ auto repair <input type="checkbox"/> 45 Parking lot <input type="checkbox"/> 48 Restaurant <input type="checkbox"/> 51 Street/highway/road/alley <input type="checkbox"/> 52 Supermarket/variety store <input type="checkbox"/> 99 Other: _____
--	---	---

### METHOD OF ENTRY USED BY SUSPECT

(Check box)

<input type="checkbox"/> Not applicable <b>No Force:</b> <input type="checkbox"/> 00 Unknown entry <input type="checkbox"/> 01 Unescorted/unlocked <input type="checkbox"/> None	<b>Force:</b> <input type="checkbox"/> 05 Body force / kicked <input type="checkbox"/> 06 Pried <input type="checkbox"/> 14 Smashed glass <input type="checkbox"/> 99 Other: _____
--	--

### VEHICLE INVOLVED: Victim Suspect

Year	Make	Model	Body Style	Color	License Number	State
------	------	-------	------------	-------	----------------	-------

Do you now suspect anyone of committing this crime?  Yes  No Who? \_\_\_\_\_

Address? \_\_\_\_\_

Why? \_\_\_\_\_

