

Del City Police Department  
*Citizen's Incident Report*

**Please complete all information blocks**

\_\_\_\_\_  
CFS #

\_\_\_\_\_  
Officer Badge #

**Police Use Only**

**Police Use Only**

Case # \_\_\_\_\_  
District \_\_\_\_\_  
Status Date \_\_\_\_\_  
Status \_\_\_\_\_

Date Reported: \_\_\_\_\_

Where Crime or Incident Occurred: \_\_\_\_\_

Date & Time Occurrence started: \_\_\_\_\_

Check Box: Vandalism  Theft (Under \$500.00)  Harassing Phone Calls

Reporting Person: \_\_\_\_\_  
Last Name First Name Middle

SS#: \_\_\_\_\_ DL#: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_ D.O.B \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City and Zip: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Victim Name (If different than Reporting Person)

\_\_\_\_\_  
Last Name First Name Middle

SS#: \_\_\_\_\_ DL#: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_ D.O.B \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City and Zip: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Business Name (If Victim is a Business) \_\_\_\_\_

Property Lost, Stolen or Damaged

Property Item #1

Type Property \_\_\_\_\_ Year \_\_\_\_\_ Model \_\_\_\_\_

ID# or VIN#: \_\_\_\_\_ Color \_\_\_\_\_ Tag # \_\_\_\_\_

Value of Property \_\_\_\_\_ Insured (circle one) Y or N

Property Item #2

Type Property \_\_\_\_\_ Year \_\_\_\_\_ Model \_\_\_\_\_

ID# or VIN#: \_\_\_\_\_ Color \_\_\_\_\_ Tag # \_\_\_\_\_

Value of Property \_\_\_\_\_ Insured (circle one) Y or N

(Note: Additional Property and/or descriptions can be listed in Details Area on back)

Turn Over (Complete Back)

Suspect #1

If name and description unknown check box

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle

\_\_\_\_\_  
Relationship

Age: \_\_\_\_\_ Hgt: \_\_\_\_\_ Wgt: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_ D.O.B \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City and Zip: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Suspect #2

If name and description unknown check box

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle

\_\_\_\_\_  
Relationship

Age: \_\_\_\_\_ Hgt: \_\_\_\_\_ Wgt: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_ D.O.B \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City and Zip: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Details (in you own words write exactly what occurred with as much detail as possible)

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By signing this report I understand that making a ***False Police Report*** is a Crime punishable by a fine of \$522.00 and/or 60 days in jail. I affirm that the information contained within this report **is true and correct to the best of knowledge.** I agree to contact the Del City Police Department in the event my property is replaced or recovered.

\_\_\_\_\_  
Victim and/or Reporting Party

\_\_\_\_\_  
DCPD Receiving Officer

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Date Received: \_\_\_\_\_ Time \_\_\_\_\_