

Citizen Crime Report

This report form permits you to quickly and easily report a crime in which you have been a victim. This report will reviewed by a sheriff's Deputy.

If any other information is needed the Bonner County Sheriff's Office will contact you.

— DIRECTION —

- 1. PLEASE PRINT OR TYPE. DO NOT USE PENCIL
- 2. ANSWER ALL QUESTIONS
- 3. WHEN FINISHED, MAIL OR BRING TO ADDRESS BELOW

Bonner County Sheriff's Office 4001 North Boyer Sandpoint, ID, 83864

	BUSIN	OIS 1E 1ESS NAME 1ESS ADDRE	A BU	_		ΓHIS C ou answe			fill out	this secti	on:
V _ _	YOU LAST NAME HEIGHT ADDRESS WORK ADD	E WEIGHT STRE	EYE COI	FIRS	T NAME	SOCIAL SECUP	INITIAL		SEX MALE FEMALE HO YOU WORK		RTH
3	A.	IF YOU This cr IF YOU (FOR E morning BETWE	J KNOW ime hap J DON'T XAMPLE: J at 8:00 A EN Frida: CRIME H	/ EXAC pened of KNOW You go AM and fi y at 11:00	TLY Whexactly OI / EXAC to sleep Ind out you O PM AN	TLY WHI at 11:00 P ou are the ID Saturda	E:	CRIME day night. a crime. AM)	You wa	ake up Sati ne happend	•
(5) UCR CLASSIFI	ADDRES	SS	STR	EET	Y THAT	TAKE	OST, ST	OLEN, NUMBER A-3236		AMAGED OST STOLEN X	DAMAGED X
CATEGORY TAKEN(\$) RECOVERED(\$)	A-CASH	5 B-JEWELRY	C-CLOTHING	D-LOCAL VEH	E-OFF EQUIP	F-T.V. (ETC)	G-FIREARMS	H-HOUSEHOLD	I-CONSUMER	R J-LIVESTOCK	K-MISC

ADDITIONAL PROPERTY LOSS:

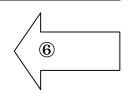
ITEM	DESCRIPTION	SERIAL	VALUE	LOST	STOLEN	DAMAGED
6						
7						
8						
9						
10						
11						
12						
13						
14						

HAVE ANY OTHER REPORTS BEEN MADE ON THIS CRIME:

NO

YES- IF YES, BY WHOM→

Sheriff Deputy Yourself



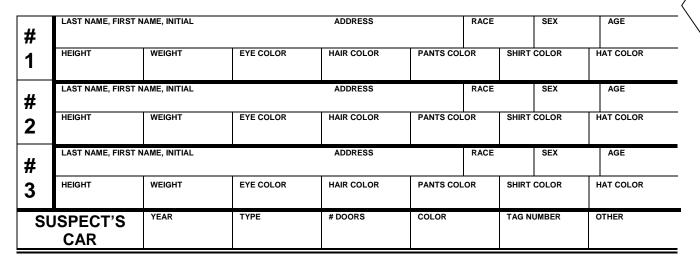
DID YOU OR SOMEONE ELSE SEE THE SUSPECTS COMMIT THE CRIME?

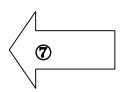
YES NO

LIST EVERYONE THAT SAW OR MAY HAVE INFORMATION ABOUT THE CRIME: (NAME) (ADDRESS) (PHONE)

- 1. _____
- 2.
- 3. _____

WHO ARE THE SUSPECTS?





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DESCRIBE EXACTLY WHAT HAPPENED. INCLUDE ALL DETAILS OF THE CRIME.

EXAMPLE:	I woke up at 8:00 AM	and found my car had been	broken into. They broke m	y left front window with a rock to get		
in. They stol	e my stereo and tapes. M	ly neighbors saw two men in	my car at 7:00 AM.			
	This example tells:	WHEN it happened	WHO saw them	WHAT was stolen or damaged		
		WHO did it	HOW they did it	WHAT they used to do it		
	V6115 0101145					
10	YOUR SIGNAT	IURE				
COMPLAINT NUMBER	INFORMATION	TIM OR AGENT OF T N IN THIS REPORT I N OF THOSE PERS	IS TRUE. <u>I WILL A</u>	_		
	SIGNATURE		DATE			
LAIN		violation of both city and st		fully make a false police report.		
OMP	REVIEWED BY		DATE			
٥	BCSO CCR					