



CITIZEN CRIME REPORT

(FOLD HERE)

This report form permits you to quickly and easily report a crime in which you have been a victim. This report will be reviewed by a police officer. If any other information is needed, the South Daytona Police Department will contact you.

- - DIRECTIONS - -

1. PLEASE PRINT OR TYPE. **DO NOT** USE PENCIL. USE BLACK OR BLUE INK.
2. ANSWER ALL QUESTIONS.
3. WHEN FINISHED, BRING TO THE POLICE DEPARTMENT OR FOLD ON THE DOTTED LINES AND MAIL.

(FOLD HERE)

PLACE
STAMP
HERE

SOUTH DAYTONA POLICE DEPARTMENT
P.O. BOX 214960
SOUTH DAYTONA, FL 32121-4960

(TAPE HERE)

_____ VICTIM OR _____ REPORTEE INFORMATION: (CHECK ONE)

LAST NAME	FIRST NAME	INITIAL	RACE	SEX	DATE OF BIRTH

ADDRESS	CITY / STATE	HOME #	WORK #

WHERE DID THE INCIDENT OCCUR?

ADDRESS	STREET	APT #	CITY	ZIP CODE
			SOUTH DAYTONA	

IF THE VICTIM IS A BUSINESS, FILL IN THIS SECTION:

BUSINESS NAME: _____

BUSINESS ADDRESS: _____ PHONE #: _____

WHEN DID THE INCIDENT OCCUR?

A. IF YOU KNOW **EXACTLY** WHAT TIME:

THIS INCIDENT HAPPENED EXACTLY AT _____ AM/PM ON DAY _____, DATE _____

OR

B. IF YOU **DO NOT** KNOW **EXACTLY** WHEN THE INCIDENT HAPPENED:

(EXAMPLE: YOU GO TO SLEEP AT 11:00 PM ON FRIDAY NIGHT, YOU WAKE UP SATURDAY MORNING AT 8:00 AM AND FIND YOU ARE THE VICTIM OF A CRIME, THE INCIDENT HAPPENED BETWEEN FRIDAY AT 11 AND SATURDAY AT 8)

THIS INCIDENT HAPPENED BETWEEN:

DAY _____ DATE ____ / ____ / ____ TIME _____ & DAY _____ DATE ____ / ____ / ____ TIME _____

DO YOU HAVE INSURANCE TO COVER THE LOSS/DAMAGE?

_____ NO

_____ YES IF YES, WHAT COMPANY/AGENT? _____

IF YOUR VEHICLE WAS INVOLVED, FILL OUT THIS SECTION:

YEAR	MAKE	MODEL	STYLE	COLOR	VIN	TAG / STATE

(EXAMPLE: I WOKE UP AT 8:00 AM AND FOUND MY CAR HAD BEEN BROKEN INTO. THEY BROKE MY LEFT FRONT WINDOW WITH A ROCK TO GET IN. THEY STOLE MY STEREO AND CD'S. MY NEIGHBOR SAW TWO MEN IN MY CAR AT 7:00 AM.)

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.

OFFENDER DESCRIPTION:

OFFENDER VEHICLE:

DID YOU OR ANYONE ELSE SEE THE OFFENDER COMMIT THE CRIME?

LIST ALL WITNESSES THAT SAW OR MAY HAVE INFORMATION ABOUT THE INCIDENT?

	NAME	ADDRESS	PHONE NUMBER
1.			
2.			
3.			

LIST THE PROPERTY THAT WAS LOST, STOLEN, OR DAMAGED: (USE ADDITIONAL SHEET IF NECESSARY)

	DESCRIPTION (INCLUDE BRAND)	MODEL	SERIAL #	VALUE
	EX: WOMENS HUFFY 26" BICYCLE, BLUE	BEACH CRUISER	HC12345670	\$100.00
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

YOUR SIGNATURE: (MUST BE SIGNED)

I CERTIFY THAT THE INFORMATION IN THIS REPORT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I AM THE VICTIM OR AGENT OF THE VICTIM OF THE CRIME. I WILL ASSIST IN THE PROSECUTION OF THOSE PERSONS RESPONSIBLE FOR THE CRIME.

SIGNATURE (MANDATORY)

DATE

WARNING: IT IS A VIOLATION OF STATE CRIMINAL STATUTES TO WILLFULLY MAKE A FALSE POLICE REPORT.

POLICE DEPARTMENT USE ONLY:

EVENT #: _____ OR CASE #: _____

DATE: _____ TIME: _____

STATE STATUTE: _____ PROPERTY VALUE NOT TO EXCEED: \$ _____

RESPONDING OFFICER: _____ I.D. #: _____

TRANSFERRED TO CID ON: ____ / ____ / ____ RECORDS INITIALS: _____

INVESTIGATOR COMMENTS: _____

INVESTIGATOR

DATE