

Agency ID: _____

Case Number _____

**CITY OF CORDOVA
Cordova Police Department
CITIZEN REPORT FORM**

Notice to person completing this form: AS 11.56.800 makes it unlawful to knowingly make a false report to a peace officer that a crime has occurred.

INSTRUCTIONS

1. Please print clearly and use a pen with black or dark ink.
2. Complete as much of the requested information as possible.
3. If you need additional space, you may continue on the enclosed Statement (Form 12-260-E) or on a blank sheet of paper.

PERSONAL INFORMATION:

Name: _____

Mailing Address: _____

Residence Address: _____

Phone Numbers: Home: _____ **Work:** _____

Sex: (Check one)

- Female
- Male

Race: (Check one – optional)

- White
- Black
- Indian (includes Alaska native)
- Asian
- Other

Date of Birth: _____

Driver's License/ID: _____ **State:** _____

Social Security Number: _____

Employer Name: _____

Employer Address: _____

TYPE OF INCIDENT (Check all that apply):

- Theft and/or Burglary Go to Section "A"
- Vandalism Go to Section "B"
- Lost Property Go to Section "C"
- Other Go to Section "D"

Location where incident occurred: _____

Date and time incident occurred: _____

Other information that may be helpful: _____

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SECTION A — THEFT and/or BURGLARY

1. Are you the victim of a theft? (Check one)
 Yes No

2.a. If yes, was the theft from your: (Check all that apply)

- | | | |
|---------------------------------|-------------------------------|--|
| <input type="checkbox"/> Home | <input type="checkbox"/> Car | <input type="checkbox"/> Shed |
| <input type="checkbox"/> Garage | <input type="checkbox"/> Yard | <input type="checkbox"/> Place of business |
| <input type="checkbox"/> Other | Describe _____ | |

2.b. If yes, was it a motor vehicle: (Check the appropriate box for vehicle type)

- | | |
|---------------------------------------|-------------------------------------|
| <input type="checkbox"/> Motorcycle | <input type="checkbox"/> Watercraft |
| <input type="checkbox"/> ATV | <input type="checkbox"/> Car/Truck |
| <input type="checkbox"/> Snow machine | |

The property was: (Record description and serial number on Property Description (Form 12-260-F))

- Stolen from? _____
- Secured? _____
- Key in? _____
- Insured? _____

3. If the theft was from a building, what is the building used for? (Check all that apply)

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> Full time residential | <input type="checkbox"/> Recreational |
| <input type="checkbox"/> Multiple residential | <input type="checkbox"/> Workshop |
| <input type="checkbox"/> Unoccupied residential | <input type="checkbox"/> Storage |
| <input type="checkbox"/> Business <input type="checkbox"/> Retail <input type="checkbox"/> Wholesale | _____ |
| <input type="checkbox"/> Multiple businesses | _____ |

4. What was the point of entry into the building? (Check all that apply)

- | | | |
|--------------------------------|---------------------------------------|----------------------------------|
| <input type="checkbox"/> Front | <input type="checkbox"/> Basement | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Side | <input type="checkbox"/> Ground floor | |
| <input type="checkbox"/> Rear | <input type="checkbox"/> Second floor | |
| <input type="checkbox"/> Roof | <input type="checkbox"/> Other | _____ |

5. How was entry into the building made? (Check all that apply)

- | | | |
|-------------------------------|---------------------------------|----------------------------------|
| <input type="checkbox"/> Door | <input type="checkbox"/> Window | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Wall | <input type="checkbox"/> Other | _____ |

6. Was force used to gain entry?

- Yes Describe how (rock through window, kicked in door, etc.) _____
- No _____

7. What type of security do you have? (Check all that apply)

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> None | <input type="checkbox"/> Locked doors |
| <input type="checkbox"/> Dead bolts | <input type="checkbox"/> Hasp & lock |
| <input type="checkbox"/> Windows locked | |

8. Did you have an alarm system? Yes No
Was it activated? Yes No
Who monitors the alarm? _____

9. When was the last time you knew everything was okay? Date & time: _____ a.m./p.m.

10. When did you discover this incident? Date & time: _____ a.m./p.m.

11. Was the property taken covered by insurance?

- Yes Name of insurance company _____
- No

12. Complete the attached General Questions (Form 12-260-D).

**Give any other details of the incident on the attached Statement (Form 12-260-E).
Describe any property that was vandalized on the attached Property Description (Form 12-260-F).**

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SECTION B — VANDALISM

1. Are you the victim of vandalism? (Check one)
 Yes No

2. If YES, what was vandalized? (Check all that apply)
 Home Car Shed
 Garage Yard Place of business
 Other Describe _____

3. Where did this happen? (Please use physical address, house number, milepost, etc.)

4. Describe the damage that occurred to the property that was vandalized.

5. Was the vandalized property covered by insurance?
 Yes Name of insurance company _____
 No

6. Estimate of loss-value (dollar amount) _____

7. Complete the attached General Questions (Form 12-260-D).

**Give any other details of the incident on the attached Statement (Form 12-260-E).
Describe any property that was vandalized on the attached Property Description (Form 12-260-F).**

SECTION C — LOST PROPERTY

1. What kind of property was lost? _____

2. When was the property last seen? _____

3. Who last saw the lost property? _____

4. Where was the lost property last seen? _____

5. Was the lost property insured?
 Yes Name of insurance company _____
 No

6. Complete the attached General Questions (Form 12-260-D)

**Give any other details of the incident on the attached Statement (Form 12-260-E).
Describe any property that was vandalized on the attached Property Description (Form 12-260-F).**

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SECTION D — OTHER

1. If you are not the victim of a theft, burglary, lost property, or vandalism, what type of crime are you reporting?

Describe _____

2. Complete the attached General Questions (Form 12-260-D).

**Give any other details of the incident on the attached Statement (Form 12-260-E).
Describe any property that was vandalized on the attached Property Description (Form 12-260-F).**

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GENERAL QUESTIONS

Please answer the following questions:

1. Have you talked to any of your neighbors or anyone who may have knowledge about this incident?
 Yes No

2. If yes, please provide their names, addresses, and telephone numbers.

(Name)	(Address)	(Telephone number)
(Name)	(Address)	(Telephone number)
(Name)	(Address)	(Telephone number)

3. Did they see or hear anything that might identify who did this crime?
 Yes No

4. If yes, please provide that information on the attached Statement (Form 12-260-E).

VEHICLE INFORMATION: (Complete if a vehicle was involved)

1. If your vehicle was involved, complete the following information:

Vehicle #1

License plate number _____	Make _____
State registered _____	Model _____
	Year _____

Vehicle #2

License plate number _____	Make _____
State registered _____	Model _____
	Year _____

If there are more vehicles, list the same information on the attached Statement (Form 12-260-E).

2. What is the name and address of the insurance company that insures your vehicle?

(Name)	(Address)	(Telephone number)
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ATTACHMENTS:

Statement (Description of Incident) (Form 12-260-E)

Property Description (Description of lost, stolen and/or damaged property) (Form 12-260-F)

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STATEMENT

FULL NAME _____

ADDRESS _____
(Physical address, house number, milepost, etc) (City) (Zip Code)

Please print clearly using black or dark color ink.

Signature _____

Date _____

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PROPERTY DESCRIPTION

PLEASE DO NOT WRITE IN SHADED AREAS

Item No.	Entered By	Type of Article	Code	Brand/Make	Estimated Value	Lost
					\$	<input type="checkbox"/>
	Date Entered	Model		Serial Number	Size/Caliber	Stolen
						<input type="checkbox"/>
	APSIN/NCIC Entry	Other descriptive information (color, additional markings, etc.)				Damaged
						<input type="checkbox"/>

Item No.	Entered By	Type of Article	Code	Brand/Make	Estimated Value	Lost
					\$	<input type="checkbox"/>
	Date Entered	Model		Serial Number	Size/Caliber	Stolen
						<input type="checkbox"/>
	APSIN/NCIC Entry	Other descriptive information (color, additional markings, etc.)				Damaged
						<input type="checkbox"/>

Item No.	Entered By	Type of Article	Code	Brand/Make	Estimated Value	Lost
					\$	<input type="checkbox"/>
	Date Entered	Model		Serial Number	Size/Caliber	Stolen
						<input type="checkbox"/>
	APSIN/NCIC Entry	Other descriptive information (color, additional markings, etc.)				Damaged
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Item No.	Entered By	Type of Article	Code	Brand/Make	Estimated Value	Lost
					\$	<input type="checkbox"/>
	Date Entered	Model		Serial Number	Size/Caliber	Stolen
						<input type="checkbox"/>
	APSIN/NCIC Entry	Other descriptive information (color, additional markings, etc.)				Damaged
						<input type="checkbox"/>

Item No.	Entered By	Type of Article	Code	Brand/Make	Estimated Value	Lost
					\$	<input type="checkbox"/>
	Date Entered	Model		Serial Number	Size/Caliber	Stolen
						<input type="checkbox"/>
	APSIN/NCIC Entry	Other descriptive information (color, additional markings, etc.)				Damaged
						<input type="checkbox"/>

Item No.	Entered By	Type of Article	Code	Brand/Make	Estimated Value	Lost
					\$	<input type="checkbox"/>
	Date Entered	Model		Serial Number	Size/Caliber	Stolen
						<input type="checkbox"/>
	APSIN/NCIC Entry	Other descriptive information (color, additional markings, etc.)				Damaged
						<input type="checkbox"/>

Signature of person reporting	Date	Received by	Date

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Assigned Officer		Perm ID	
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Activity Number	Activity Code	UCR No.	Type of Activity				Date Reported	Time Reported		
Date Occurred	Appr.	Time Occurred	Appr.	Relationship Victim/Offender		Alcohol or Drugs Involved		Weapon/ Cause		Situation Code
Location of Activity								Patrol Zone		

Activity Number	Activity Code	UCR No.	Type of Activity				Date Reported	Time Reported		
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Location of Activity								Patrol Zone		

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Location of Activity								Patrol Zone		

Case Closure	COPIES TO	REVIEWED & APPROVED BY	Perm ID	Date Closed
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