

AGENCY SPACE – CFS#

**CHIPPEWA FALLS POLICE DEPARTMENT
SELF REPORT FORM**

SECTION 1—CRIME TYPE

TYPE OF OFFENSE (PLEASE SELECT)

CRIMINAL DAMAGE TO PROPERTY THEFT BOTH

SECTION 2—VICTIM NAME

VICTIM NAME: LAST, FIRST, MIDDLE INITIAL	SEX/RACE	AGE	BIRTHDATE-MONTH/DAY/YEAR
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YOUR ADDRESS: HOUSE NUMBER AND STREET NAME APT #/ CITY STATE ZIP CODE

HOME PHONE NUMBER	CELLULAR PHONE NUMBER	WORK PHONE NUMBER	E-MAIL ADDRESS
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YOUR EMPLOYER'S NAME AND ADDRESS

SECTION 3—CRIME INFORMATION

WHAT WAS TAKEN? (In general terms, i.e. bike, planter, flag etc.) WHAT WAS DAMAGED?

DATE/TIME RANGE WHEN THIS OCCURRED?

ADDRESS OR LOCATION WHERE THE THEFT OR CRIMINAL DAMAGE OCCURED?

ARE YOU THE OWNER OF THE STOLEN OR DAMAGED PROPERTY? IF NO, ENTER NAME AND PHONE NUMBER OF ACTUAL OWNER.

YES NO ACTUAL OWNER

DID YOU CONSENT TO THE PROPERTY BEING STOLEN OR DAMAGED?

YES NO

SECTION 4—DESCRIPTION OF PROPERTY STOLEN OR DAMAGED—IF VEHICLE, GO TO NEXT SECTION 5

ITEM	MAKE/BRAND	MODEL/STYLE	SERIAL NUMBER	COLOR	VALUE	STOLEN or DAMAGED

TOTAL VALUE OF PROPERTY DAMAGED	TOTAL VALUE OF PROPERTY STOLEN	COMBINED VALUE OF ALL PROPERTY STOLEN/DAMAGED
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**COMBINED VALUE OF DAMAGED AND/OR STOLEN PROPERTY MUST BE UNDER \$500.00 TO CONTINUE!
IF YOUR TOTAL DOLLAR AMOUNT IS HIGHER, RE-CONTACT POLICE. AN OFFICER WILL NEED TO RESPOND.**

SECTION 5—VEHICLE DAMAGED INFORMATION (IF APPLICABLE)

1. VEHICLE LICENSE NUMBER		STATE	EXPIRES (MO/YR)	TYPE: (TRUCK) (CAR/VAN)	VIN NUMBER	
VEHICLE YR	VEHICLE MAKE	MODEL	BODY STYLE	COLORS: TOP/BODY	VALUE OF STOLEN OR DAMAGED?	
2. VEHICLE LICENSE NUMBER		STATE	EXPIRES (MO/YR)	TYPE: (TRUCK) (CAR/VAN)	VIN NUMBER	
VEHICLE YR	VEHICLE MAKE	MODEL	BODY STYLE	COLORS: TOP/BODY	VALUE OF STOLEN OR DAMAGED?	

SECTION 6—SUSPECT INFORMATION

DO YOU HAVE ANY INFORMATION REGARDING WHO COMMITTED THIS CRIME, INCLUDING ANY SUSPECT DESCRIPTION?

YES NO (IF YES AN OFFICER WILL CONTACT YOU.)**SECTION 7—INCIDENT INFORMATION****DESCRIBE INCIDENT IN DETAIL**

BY CLICKING THE "SUBMIT BY EMAIL" BUTTON AT THE TOP RIGHT OF THIS FORM I DECLARE, UNDER PENALTY OF LAW, THAT THIS REPORT AND THE INFORMATION CONTAINED HEREIN IS TRUE, CORRECT, AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I FURTHER ACKNOWLEDGE THAT ANY INTENTIONAL FALSE STATEMENT MAY RESULT IN MY CRIMINAL PROSECUTION.

PRINT FULL NAME:

DATE AND TIME THIS REPORT WAS COMPLETED

FOR OFFICE USE ONLYCHIPPEWA COUNTY VICTIM INFORMATION FORM PROVIDED? YES NO