PALO ALTO POLICE DEPARTMENT
275 FOREST AVE, PALO ALTO, CA 94301
(650) 329-2406
CITIZEN'S CRIME REPORT FORM

Case Number
Report Type / Classification

PAPD Office Use Only (gray boxes)

Today's Date: _____ ***DO NOT*** *use this form if you have definitive information about the suspect.*

Your Name: _____ **Date of Birth:** _____

Address: _____ **Sex:** _____ **Race:** _____

Email: _____ **Phone:** _____

INCIDENT INFORMATION (If your incident type is not listed here, you cannot use this form)

Type (circle one): **Harassing Phone Calls | Lost Property | Thefts Under $5,000 | Vandalism under $400**

Location: _____
(Street address where the incident occurred)

Date / Time: _____
(ex. "8pm on 7/11/10 to 7am on 7/12/10" or "3pm on 7/31/10")

INCIDENT SUMMARY (Please briefly describe what happened)

_____

_____

_____

_____

_____

_____

_____

_____

PROPERTY INFORMATION (Please list any lost or stolen property related to this incident with any identifying details)

Item: _____ **Serial #:** _____ **Value:** _____

Item: _____ **Serial #:** _____ **Value:** _____

Item: _____ **Serial #:** _____ **Value:** _____

Item: _____ **Serial #:** _____ **Value:** _____

VEHICLE INFORMATION (Fill in this section *ONLY* if your vehicle was involved in the incident)

License or VIN: _____ **Model Year:** _____ **Color:** _____

Make: _____ **Model:** _____ **Body Style:** _____ (ex. 4dr, 2dr, etc.)

Reporting Person's Signature	Reviewer	ID #	Date

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