



CITIZEN'S REPORT OF PROPERTY CRIME

Directions: This form is provided for the citizen of Canyon County who wishes to make a police report of a crime against property and understands that an active investigation in this case is unlikely.

There are four conditions for use of this report.

- ① To simply record a crime: at the request of an insurance company or for informational purposes when no further investigation is likely to follow.
- ② There is no suspect or any evidence which might lead to a suspect in this case.
- ③ When the total value of property generally does not exceed \$1000.
- ④ No physical injury or assault resulted during this crime.

All other circumstances require an officer's report.

PLEASE PRINT

For Sheriff's Department Use only			
Report Date	Case #		
Crime			
UCR code	Incident	Action	Area

Date and Time it Occurred	Date and Time Discovered	Occurrence (check one) <input type="checkbox"/> day <input type="checkbox"/> night <input type="checkbox"/> unknown					
Location of Occurrence (Address or directions to)							
Describe Property Owner CHECK ONE <input type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Government <input type="checkbox"/> Religious		Name of Business/Organization					
CHECK ONE <input type="checkbox"/> Property owner <input type="checkbox"/> Agency representative	Last Name,	First Name	Middle	Sex	Race	Age	Date of Birth
Social Security Number	Property Owners Address		City & Zip Code		Phone Number		
CHECK ONE BELOW	Type of property taken, damaged or lost; (indicate size, color, Manufacturer, model number or anything that might help in identifying the item)		serial number	Loss Value			
<input type="checkbox"/> Stolen <input type="checkbox"/> Damaged <input type="checkbox"/> Lost	1.			\$			
<input type="checkbox"/> Stolen <input type="checkbox"/> Damaged <input type="checkbox"/> Lost	2.			\$			
<input type="checkbox"/> Stolen <input type="checkbox"/> Damaged <input type="checkbox"/> Lost	3.			\$			
<input type="checkbox"/> Stolen <input type="checkbox"/> Damaged <input type="checkbox"/> Lost	4.			\$			
<input type="checkbox"/> Stolen <input type="checkbox"/> Damaged <input type="checkbox"/> Lost	5.			\$			
<input type="checkbox"/> Stolen <input type="checkbox"/> Damaged <input type="checkbox"/> Lost	6.			\$			
Name of insurance Company		Phone #	Notified <input type="checkbox"/> yes <input type="checkbox"/> no		Total Loss		

**THIS REPORT IS NOT VALID
UNTIL SIGNED IN SIGNATURE BLOCK ON BACK**

Describe missing or damaged property above. Tell what happened below in your own words. Explain how you believe the crime was committed and list any information that you feel may be of value.

