

REPORTEE (Continued)						
NAME (Last, First Middle)			RACE	SEX	AGE	DATE OF BIRTH
HOME ADDRESS		CITY, STATE, ZIP		HOME PHONE		
WORK ADDRESS		CITY, STATE, ZIP		WORK PHONE		
EMPLOYER		JOB TITLE		WORK DAYS / HOURS		
REPORTEE NOTE: If you would like to be notified of the case number assigned to this case and have an email address, please write you email address below. The case number will sent to your email unless you wish to be notified by other means. Please check a selection below: <input type="checkbox"/> Send case number to email address (Print): _____ <input type="checkbox"/> Notify me of the case number by calling: _____ <input type="checkbox"/> I do not wish to be notified of the case number.						
ACCOUNT HOLDER						
NAME (Last, First Middle) – Name of Business/Person on Check, Credit/Debit Card			RACE	SEX	AGE	DATE OF BIRTH
HOME ADDRESS		CITY, STATE, ZIP		HOME PHONE		
WORK ADDRESS		CITY, STATE, ZIP		WORK PHONE		
DL / ID NUMBER / STATE		SSN OR OTHER ID		OTHER POLICE AGENCY / REPORT #		
TRANSACTION INSTRUMENT						
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Debit Card <input type="checkbox"/> Other:						
BANK OR CREDIT CARD TYPE		ACCOUNT NUMBER		DOLLAR AMOUNT		
CHECK NUMBER (If Applicable)		CHECK / TRANSACTION PAYABLE TO		SIGNATURE ON CHECK		
WITNESS TAKING TRANSACTION (PRINT NAME)		OTHER				
SUSPECT						
NAME (Last, First Middle)			RACE	SEX	AGE	DATE OF BIRTH
HEIGHT	WEIGHT	HAIR COLOR	EYE COLOR	SCARS, MARKS, TATTOOS		
CLOTHING DESCRIPTION			OTHER DESCRIPTION			
HOME ADDRESS		CITY, STATE, ZIP		HOME PHONE		
TYPE OF ID USED / STATE / NUMBER			OTHER IDENTIFIERS USED BY SUSPECT			
IS SUSPECT KNOWN OR ACQUAINTED WITH COMPLAINANT?			IF SO, STATE RELATIONSHIP			
<input type="checkbox"/> Yes <input type="checkbox"/> No						
PHOTO OF SUSPECT?	FINGERPRINT TAKEN?	VIDEO OF SUSPECT?	CO-SUSPECT DESCRIPTION			
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No				
SUSPECT VEHICLE						
VEHICLE YEAR	MAKE	MODEL	BODY STYLE	COLOR		
LICENSE STATE	LICENSE PLATE NUMBER	OTHER DESCRIPTION				

WITNESS #1

NAME (Last, First Middle)		RACE	SEX	AGE	DATE OF BIRTH
HOME ADDRESS		CITY, STATE, ZIP		HOME PHONE	
WORK ADDRESS		CITY, STATE, ZIP		WORK PHONE	
EMPLOYER		JOB TITLE		WORK DAYS / HOURS	
CAN WITNESS IDENTIFY SUSPECT? <input type="checkbox"/> Yes <input type="checkbox"/> No		DID THIS WITNESS TAKE TRANSACTION? <input type="checkbox"/> Yes <input type="checkbox"/> No		SUSPECT SIGN IN PRESENCE OF THIS WITNESS? <input type="checkbox"/> Yes <input type="checkbox"/> No	

WITNESS #2

NAME (Last, First Middle)		RACE	SEX	AGE	DATE OF BIRTH
HOME ADDRESS		CITY, STATE, ZIP		HOME PHONE	
WORK ADDRESS		CITY, STATE, ZIP		WORK PHONE	
EMPLOYER		JOB TITLE		WORK DAYS / HOURS	
CAN WITNESS IDENTIFY SUSPECT? <input type="checkbox"/> Yes <input type="checkbox"/> No		DID THIS WITNESS TAKE TRANSACTION? <input type="checkbox"/> Yes <input type="checkbox"/> No		SUSPECT SIGN IN PRESENCE OF THIS WITNESS? <input type="checkbox"/> Yes <input type="checkbox"/> No	

NARRATIVE

BRIEFLY DESCRIBE INCIDENT