

# FORM TO REPORT A CRIME TO THE PROSECUTING ATTORNEY AND REQUEST FOR PROSECUTION

Revised 06/01/05

## VICTIM / COMPLAINANT INFORMATION

NAME: Last, First, Middle Initial		Social Security Number:		Date of Birth:		Age:	
CURRENT STREET ADDRESS: Not Post Office Box				MAILING ADDRESS: If Different Than Street Address			
CITY, STATE, AND ZIP CODE:							
SEX:	RACE:	HEIGHT:	WEIGHT:	HAIR:	EYES:	HOME TELEPHONE NUMBER:	
PLACE OF EMPLOYMENT:						WORK TELEPHONE NUMBER:	
CURRENT STREET ADDRESS: Not Post Office Box				MAILING ADDRESS: If Different Than Street Address			
CITY, STATE, AND ZIP CODE:							

## OFFENSE / CRIME INFORMATION

OFFENSE COMMITTED:		DATE OF OFFENSE:		TIME OF OFFENSE:	
LOCATION OF THE OFFENSE:					
WERE YOU THE VICTIM?		IF NOT, WHO WAS?		IF THEFT, WHAT IS THE APPROXIMATE VALUE OF PROPERTY TAKEN?	
DATE REPORTED TO SHERIFF'S DEPARTMENT:		TIME REPORTED:		NAME OF DEPUTY TAKING REPORT:	

## LIST ALL WITNESSES / PERSONS WHO SAW THE CRIME

NAME:		ADDRESS:		TELEPHONE:	
NAME:		ADDRESS:		TELEPHONE:	

## OFFENDER / SUSPECT INFORMATION (Complete as much information as possible)

NAME: Last, First, Middle Initial		Social Security Number:		Date of Birth:		Age:	
CURRENT STREET ADDRESS: Not Post Office Box				MAILING ADDRESS: If Different Than Street Address			
CITY, STATE, AND ZIP CODE:							
SEX:	RACE:	HEIGHT:	WEIGHT:	HAIR:	EYES:	HOME TELEPHONE NUMBER:	
PLACE OF EMPLOYMENT:						WORK TELEPHONE NUMBER:	
CURRENT STREET ADDRESS: Not Post Office Box				MAILING ADDRESS: If Different Than Street Address			
CITY, STATE, AND ZIP CODE:							
IDENTIFYING FEATURES:							
DESCRIBE CLOTHING OFFENDER WAS WEARING:							
DO YOU PERSONALLY KNOW THE OFFENDER?		IF SO, FOR HOW LONG?		WHAT IS THE NATURE OF THE RELATIONSHIP:			

## OFFENDER / SUSPECT VEHICLE INFORMATION

COLOR:	YEAR:	MAKE / MODEL:	BODY STYLE:	LICENSE:	STATE OF LICENSE:
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**ATTACH WRITTEN STATEMENTS FROM VICTIM AND ALL WITNESSES CONTAINING  
ACCURATE AND DESCRIPTIVE DETAILS OF THE OFFENSE (Utilize Voluntary Statement Forms)**