WASHINGTON POLICE DEPARTMENT

CITIZEN REPORT

INCIDENT NO. (OFFICIAL USE ONLY)

NAME OF PERSON MAKING REPORT (LAST, FIRST MIDDLE):

DATE OF BIRTH | SEX: M / F | TELEPHONE NO. ( )

HOME ADDRESS | CITY | STATE | ZIP CODE

BUSINESS ADDRESS | CITY | STATE | ZIP CODE

NAME OF OTHER PERSON INVOLVED (LAST, FIRST MIDDLE):

DATE OF BIRTH | SEX: M / F | TELEPHONE NO.( )

HOME ADDRESS | CITY | STATE | ZIP CODE

BUSINESS ADDRESS | CITY | STATE | ZIP CODE

VEHICLE INFO.	LICENSE	YEAR	COLOR	MAKE	MODEL

INCIDENT LOCATION (ADDRESS, CITY, STATE)	DATE OF INCIDENT	TIME OF INCIDENT

I UNDERSTAND THAT ANY FALSE STATEMENT ON THIS REPORT MAY SUBJECT ME TO ARREST FOR THE CRIMINAL OFFENSE OF FILING A FALSE POLICE REPORT AND/OR A FELONY COMPLAINT BEING FILED AGAINST ME FOR THE CRIMINAL OFFENSE OF PERJURY.

❑ **Check here if the report is for lost property. Describe property below. No need for narrative.**

If the report is for anything other than lost property, state what happened:

SIGNATURE _____ PAGE _____ OF _____

REVIEWED BY: _____ DATE & TIME RECEIVED: _____

COPY PROVIDED: ❑ YES ❑ NO

Washington Police Department

CITIZEN REPORT

When complete return to: Washington Police Department 115 W. Jefferson St. Washington, Ill. 61571

SIGNATURE: DATE: