

TRINITY COUNTY SHERIFFS DEPARTMENT CITIZENS CRIME/CASE REPORT

Mail To: P.O. Box 1228, Weaverville, CA 96093-1228

CALL #: _____

CASE#

| CODE SECTION AND DESCRIPTION | | CLASSIFICATION | | BEAT | | | |
|--|---|--|-----------------------------|---|--|--|-------|
| 1 | LOCATION OF INCIDENT | CITY | 2 | DATE OF INCIDENT | 3 DAY OF WEEK | 4 TIME | |
| 5 | VICTIM'S NAME (LAST, FIRST, MIDDLE OR BUSINESS) | | RESIDENCE & MAILING ADDRESS | | CITY | STATE ZIP | |
| 6 | DATE OF BIRTH | 7 RACE | 8 SEX | 9 DRIVERS LICENSE NO. or IDENTIFICATION NO. | 10 RES. PHONE | BUS PHONE MESSAGE PHONE | |
| 11 | EMPLOYER | OCCUPATION | 12 BUSINESS PHONE | 13 BUSINESS & MAILING ADDRESS | | | |
| 14 | NAME REPORTING PERSON IF NOT VICTIM (LAST, FIRST, MIDDLE) | | RESIDENCE & MAILING ADDRESS | | CITY | STATE ZIP | |
| 15 | DATE OF BIRTH | 16 RACE | 17 SEX | 18 ADDITIONAL INFORMATION | | 19 RES. PHONE | |
| 20 | EMPLOYER | OCCUPATION | 21 BUSINESS PHONE | 22 BUSINESS & MAILING ADDRESS | 23 STRUCTURE TYPE | | |
| 23 STRUCTURE TYPE <input type="checkbox"/> Single Family Dwelling <input type="checkbox"/> Duplex/Apartment <input type="checkbox"/> Commercial/Business <input type="checkbox"/> Vehicle <input type="checkbox"/> Other _____ | | 24 METHOD OF ENTRY <input type="checkbox"/> N/A <input type="checkbox"/> Tape/Wire <input type="checkbox"/> Bodily Force <input type="checkbox"/> Brick/Rock <input type="checkbox"/> Unknown Pry Tool | | <input type="checkbox"/> Bolt Cutters/Pliers <input type="checkbox"/> Window Smash <input type="checkbox"/> Other _____ <input type="checkbox"/> Unknown | | 25 POINT OF ENTRY <input type="checkbox"/> N/A <input type="checkbox"/> Door <input type="checkbox"/> Window <input type="checkbox"/> Sliding Glass <input type="checkbox"/> Garage <input type="checkbox"/> Trunk/Hood <input type="checkbox"/> Unknown <input type="checkbox"/> Other _____ | |
| 26 GIVE BRIEF DESCRIPTION OF INCIDENT | | | | | | | |
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| PROPERTY CODES: L=LOST F=FOUND S=STOLEN | | | | | | | |
| 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 |
| CODE | ITEM NAME | QUANTITY | SERIAL NUMBER | BRAND/MAKE | MODEL # | MISCELUNEOUS DESCRIPTION | VALUE |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 35 ADDITIONAL PROPERTY LISTED <input type="checkbox"/> ATTACH ADDITIONAL SHEETS IF NEEDED | | | | | | 36 | |
| | | | | | | TOTAL VALUE | |
| 37 SIGNATURE | | | 38 DATE & TIME OF REPORT | | | | |
| APPROVED BY | | DISPOSITION | | | <input type="checkbox"/> FOLLOW-UP - DATE ASSIGNED | | |

CITIZEN CRIME REPORT (Mail Out Report, MOR), Additional Comments

