

Sanger Police Department 1700 7 th St. Sanger Ca. 93657 559-875-8522	Sanger Police Department Online/Counter Report	<u>Case Number</u>
---	--	--------------------

Instructions: 1-Complete the form. 2-Make your own copy prior to returning form. 3-Return form in person or via mail. 4-A case number will be assigned upon receipt. 5-Contact and provide your own copy to your attorney, insurance agent, etc.

Type of Report

<input type="checkbox"/> Violation of Court Order	<input type="checkbox"/> Lost/Found Property <input type="checkbox"/> Civil Disturbance	<input type="checkbox"/> Private Property Collision <input type="checkbox"/> Other-explain-
---	--	--

Name:	Date of Birth	Address	Phone Number
-------	---------------	---------	--------------

Location of Occurrence	Date and Time of Occurrence
------------------------	-----------------------------

Other Persons Involved – S-Suspect V-Victim W-Witness D-Driver P-Parent O-Other - Codes

Name	Date of Birth	Code	Address	Phone Number

PROPERTY
Use back of form if more than 5 pieces of property

Type of Property	Brand	Serial Number/Identification Number	Model Number	Description	Value

Describe in your own words what happened and include any facts that you feel are important.

I certify under penalty of perjury that this is a true and accurate statement. By signing this form, I agree there will be no officer follow up. This is for documentation only.

Signature	/ Date/Time
-----------	-------------

Official Use Only