EDINBURG C.I.S.D. POLICE DEPARTMENT INCIDENT REPORTING FORM

(Fill out the information below to the best of your ability and submit this form to an Edinburg C.I.S.D. Police Officer for submission of the form and the issuance of a case number (if needed) in reference to the incident.)

INCIDENT DESC

INCIDENT:

_____ POSSIBLE STOLEN ITEM (WITH NO SUSPECT) _____ DAMAGE TO PROPERTY (ACCIDENTAL)

_____ LOST/MISPLACED ITEM _____ OTHER (SPECIFY) _____

NOTE: FOR ANY CRIMINAL OFFENSE IN WHICH A VIOLATION OF THE LAW HAS OR MAY HAVE OCCURRED CONTACT THE EDINBURG CISD POLICE DEPARTMENT TO FILE AN OFFENSE REPORT WITH A POLICE OFFICER.

DATE OF OCCURRENCE	TIME OF OCCURRENCE	LOCATION OF OCCURRENCE

PERSONS INVOLVED

1	REPORTING PERSON NAME (LAST,FIRST,MIDDLE)							DATE OF BIRTH	
RESIDENCE ADDRESS							RESIDENCE PHONE NO	BUSINESS PHONE NO	
BUSINESS ADDRESS OR EMPLOYER	RACE	SEX	HAIR	EYES	HT	WT	DRIVERS LICENSE	STATE	

2	SECONDARTY PARTY INVOLVED NAME (LAST,FIRST,MIDDLE)							DATE OF BIRTH	
RESIDENCE ADDRESS							RESIDENCE PHONE	BUSINESS PHONE	
BUSINESS ADDRESS OR EMPLOYER	RACE	SEX	HAIR	EYES	HT	WT	DRIVERS LICENSE	STATE	

PROPERTY INFO

PROPERTY CODE: **S** – Possibly Stolen **L** – Lost **F** – Found **D** – Damaged

(*Use all applicable codes: For example, if property is both Lost or Stolen. Code is L/S*)

PROP CODE	ARTICLE NAME	QTY	SERIAL NO.	BRAND/MAKE	MODEL NAME/NO.	MISC. DESCRIPTION (Color, Size, markings etc…)	Est. Value
							$
							$
							$
							$
							$
							$

NARRATIVE (DESCRIPTION OR CIRCUMSTANCES OF INCIDENT)

REPORTING PARTY SIGNATURE	DATE/TIME:	POLICE OFFICER ASSIGNED:

EDINBURG CISD POLICE DEPARTMENT USE ONLY

Date Report Received:	Officer:	Badge:	Case Number(If Applicable):
Nature of Incident:	Status of Case: _____ Closed (Incident only) _____ Follow-up Needed(Offense Rept Filed)		
Notes:			