

# MANITOWOC POLICE DEPARTMENT CITIZEN SELF-REPORTING FORM

Page 1 of 2

Type of Offense/Incident <i>(check one only)</i> <input type="checkbox"/> Vandalism <input type="checkbox"/> Lost Property	<b>DO NOT WRITE IN THIS AREA – OFFICE USE ONLY</b>			
	Case Number	Received		
		Month	Day	Year
				Time

## Type Information Requested Below

### Section 1 – General Information: **MUST BE COMPLETED – ALL BLOCKS ARE REQUIRED**

IMPORTANT: Did you consent to this crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date(s) Incident Occurred	Time(s) Incident Occurred <input type="checkbox"/> AM <input type="checkbox"/> PM			
Address where incident occurred: If not a specific address, list the block # and street, or the nearest intersection						
Your Last Name	First Name	Middle	Sex	Race	Birthdate Mo/Day/Yr	
Your Address: House Number and Street Name		Apt #	City	State	Zip	Home Phone #
Driver's License Number	Social Security Number	Height	Weight	Eye Color	Hair Color	
Employer's Name and Address					Work Phone #	

### Section 2 – Business/Property Owner Information: COMPLETE IF APPLICABLE

Business Name and Address					Business Phone #
Property Owner's Last Name	First Name	Middle	Sex	Race	Birthdate Mo/Day/Yr
Property Owner's Address: House Number and Street Name		City	State	Zip	Home Phone #

### Section 3 – Vehicle Information: COMPLETE IF APPLICABLE – Attach additional pages if necessary

<input type="checkbox"/> Victim Vehicle <input type="checkbox"/> Suspect Vehicle					
Vehicle Registration Plate #	State	Expiration Mo/Yr	Type	VIN #	
Vehicle Year	Vehicle Make	Model	Body Style	Color Top/Body	

### Section 4 – Suspect Information: COMPLETE IF APPLICABLE

Suspect's Last Name	First Name	Middle	Sex	Race	Birthdate Mo/Day/Yr or Age		
Suspect's Home Address: House Number and Street Name		City	State	Zip	Home Phone #		
Height	Weight	Build	Hair (Color/Style)	Eyes	Glasses	Facial Hair	Employer

Other Pertinent Information

Please continue to page two for additional required information

# MANITOWOC POLICE DEPARTMENT CITIZEN SELF-REPORTING FORM

**Section 5 – Property Information: *REQUIRED IF PROPERTY WAS VANDALIZED OR LOST* – OTHERS COMPLETE IF APPLICABLE**

**DAMAGED AND/OR LOST PROPERTY**

List all available information – Attach additional pages if necessary

*Please check one: D=Damaged, L=Lost*

D	L	Item	Brand	Model/Style	Serial Number	Description	Color	Amount of Loss
<input type="checkbox"/>	<input type="checkbox"/>							
<input type="checkbox"/>	<input type="checkbox"/>							
<input type="checkbox"/>	<input type="checkbox"/>							
<input type="checkbox"/>	<input type="checkbox"/>							
<input type="checkbox"/>	<input type="checkbox"/>							
<input type="checkbox"/>	<input type="checkbox"/>							
<input type="checkbox"/>	<input type="checkbox"/>							
<input type="checkbox"/>	<input type="checkbox"/>							

Insurance Company:

**Section 6 – Incident Information: *MUST BE COMPLETED***

**INCIDENT INFORMATION**

Briefly describe incident – Attach additional pages if necessary

<b>Print Full Name:</b>	<b>Signature*:</b>	<b>Date:</b>
-------------------------	--------------------	--------------

\*On digitally submitted format, placing your full name in this space represents a valid signature.

**To submit this form via the submit button you must be using Internet Explorer web browser. You may also save this form and attach it in an email to [shiftcommander@manitowoc.org](mailto:shiftcommander@manitowoc.org)**