

FALMOUTH POLICE DEPARTMENT

Citizen Incident Report

Case #:	Page #:
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Crime/Incident: (Describe the Incident)

Date / Time Occurred: (On or Between) To :	Date/Time Reported:
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Location:

Person/Vehicle Codes: R-Reported by V-Victim W-Witness P-Parent C-Contact O-Owner D-Driver X-Other
Race/Ethnic Codes: W-White B-Black H-Hispanic I-American Indian A-Asian P-Pacific Islander O-All Others X-Unknown

Code:	Last Name:	First:	Middle:	Race:	Sex:	Age:	DOB:
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Residence:	Res./Msg. Phone #:
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Business/School:	Other:	Bus./School Phone #:
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Driver's License / I.D.#	State	Social Security #:	Cell Phone #:
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Code:	Last Name:	First:	Middle:	Race:	Sex:	Age:	DOB:
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Residence:	Res./Msg. Phone #:
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Business/School:	Other:	Bus./School Phone #:
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Driver's License / I.D.#	State	Social Security #:	Cell Phone #:
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Veh.:	Yr.:	Make:	Model:	Style:	Misc. Description:	License #:
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Describe any damage:	Value:
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Veh.:	Yr.:	Make:	Model:	Style:	Misc. Description:	License #:
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Describe any damage:	Value:
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Details of the incident: (continue on page 2 if necessary)

Massachusetts General Laws chapter 269, section 13A provides: "Whoever intentionally and knowingly makes or causes to be made a false report of a crime to police officers shall be punished by a fine of not less than one hundred nor more than five hundred dollars or by imprisonment in a jail or house of correction for not more than one year, or both."

Reporting Persons Name:	Signature:	Date:
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Stolen and / or Lost Property Description			
Item #	Description (include brand, model, size, color etc)	Serial #	Value:

NARRATIVE — Describe in detail what occurred. Use extra sheets if needed. **PLEASE PRINT LEGIBLY IN INK**

FOR OFFICIAL USE ONLY

Final Classification:

Copies To:	<input type="checkbox"/> Records <input type="checkbox"/> Detectives Other:
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Officer:	Supervisor Approval:	Date:
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