

(PLEASE PRINT)

COMPLAINT # _____

DATE _____

EUCLID POLICE DEPARTMENT STATIONHOUSE REPORT

NATURE OF INCIDENT _____ DATE _____ TIME _____

LOCATION OF INCIDENT _____

REPORTED TO POLICE BY _____ ADDRESS _____

TELEPHONE # _____ BIRTHDATE _____ SOCIAL SECURITY # _____

OWNER OF PROPERTY: NAME _____ ADDRESS _____

VEHICLE INVOLVED: MAKE _____ MODEL _____ YEAR _____ LIC. # _____

DESCRIPTION OF PROPERTY: <input type="checkbox"/> DAMAGED <input type="checkbox"/> STOLEN <input type="checkbox"/> LOST	VALUE
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

MANNER IN WHICH INCIDENT OCCURRED (USE REVERSE SIDE IF NECESSARY):

OTHER INDIVIDUALS INVOLVED: INCLUDE NAMES, ADDRESSES, TELEPHONE NUMBERS AND/OR DESCRIPTIONS:

<input type="checkbox"/> WITNESS <input type="checkbox"/> SUSPECT <input type="checkbox"/> OTHER	_____
<input type="checkbox"/> WITNESS <input type="checkbox"/> SUSPECT <input type="checkbox"/> OTHER	_____

CHECK THIS BOX IF THIS REPORT IS BEING FILED FOR INSURANCE PURPOSES ONLY

NOTE: THIS REPORT OF A POLICE INCIDENT IS TAKEN FROM THE REPORTING PERSON ONLY AS A CONVENIENCE. IT SHOULD BE UNDERSTOOD THAT NO POLICE INVESTIGATION WILL NORMALLY FOLLOW, BUT THE INFORMATION ON THIS REPORT WILL BE ON FILE FOR WHATEVER PURPOSE IT MAY FULFILL.

SIGNATURE OF PERSON FILING REPORT _____ DATE _____

REPORT RECEIVED BY _____ TITLE _____ DATE _____