



This box to be completed by an officer:

File Class \_\_\_\_\_

Case Number \_\_\_\_\_

# Saginaw Police Department

## Citizen Incident Worksheet

**INSTRUCTIONS:** Please print or write **LEGIBLY**. If the information requested does not apply, please indicate with NA. You may call the Technical Services Division at 759-1280 for your case number a week after you drop this report off. **FAILURE TO COMPLETE THIS FORM IN ITS ENTIRETY WILL RESULT IN NO REPORT NUMBER BEING ISSUED.**

***FILING A FALSE REPORT IS A FELONY AND PUNISHABLE BY UP TO 4 YEARS IN PRISON.***

Today's Date \_\_\_\_\_

Your Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_

Your Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone # \_\_\_\_\_ Telephone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

Date of Birth/Age \_\_\_\_\_ Sex \_\_\_\_\_ Race \_\_\_\_\_

### SUSPECT INFORMATION (Please provide as much information as possible.)

#### Suspect #1

What is your relationship to suspect? \_\_\_\_\_

Suspect's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone # \_\_\_\_\_ Telephone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

Date of Birth/Age \_\_\_\_\_ Sex \_\_\_\_\_ Race \_\_\_\_\_

#### Suspect #2

What is your relationship to suspect? \_\_\_\_\_

Suspect's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone # \_\_\_\_\_ Telephone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

Date of Birth/Age \_\_\_\_\_ Sex \_\_\_\_\_ Race \_\_\_\_\_

### WITNESS INFORMATION (Please provide as much information as possible. If more than one witness, put on back.)

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone # \_\_\_\_\_ Telephone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

Date of Birth/Age \_\_\_\_\_ Sex \_\_\_\_\_ Race \_\_\_\_\_

**Incident Date** \_\_\_\_\_ **Incident Time** \_\_\_\_\_

**Incident Location** (include address, if possible.)

\_\_\_\_\_

\_\_\_\_\_

**NARRATIVE** (Please tell what happened. Be complete, but please keep to the relevant facts of the situation.)

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Print Your Name

Signature

Today's Date