



STRATFORD POLICE DEPARTMENT

900 Longbrook Avenue • Stratford, Connecticut 06614-5099
(203) 385-4100 • Fax: (203) 380-6756

FOR EMERGENCIES DIAL 911

Case # _____

Date Received: _____

Reviewing Ofc.: _____
(Department Use Only)

Citizen Self-Report Form (non-emergency incidents only)

INCIDENT INFORMATION

TYPE OF CRIME (CHECK ONE):	THEFT (UNDER \$1000)	CAR BREAK-IN	HARASSING CALLS
FORGERY	DESTRUCTION OF PROPERTY	VANDALISM/GRAFFITI	DAMAGED PROPERTY
FRAUD/IDENTITY THEFT	INFORMATION	LANDLORD/TENANT	LOST PROPERTY/STOLEN
NEIGHBOR TROUBLE	STOLEN BICYCLE	STOLEN LICENSE PLATE	THEFT FROM MOTOR VEHICLE
BAD CHECKS	THEFT	ANIMAL PROBLEMS	PARKING COMPLAINTS
LATE MOTOR VEHICLE ACCIDENTS – LEFT SCENE W/ NO INJURIES			

CRIME OCCURRED BETWEEN THE FOLLOWING DATES AND TIMES

DATE:	TIME:	DATE:	TIME:
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EXACT LOCATION OF CRIME:

LOCATION/BUSINESS NAME:

COMPLAINANT/ VICTIM INFORMATION (please complete all fields)

NAME (LAST, FIRST, MIDDLE INITIAL):			
ADDRESS:	CITY:	STATE:	ZIP:
CELL PHONE:	OTHER PHONE:	EMAIL ADDRESS:	
DATE OF BIRTH:	DRIVER'S LICENSE STATE AND NUMBER:		

OTHER PERSON INFORMATION (IF APPLICABLE)

SELECT ONE:	SUSPECT	WITNESS	OTHER
NAME (LAST, FIRST, MIDDLE INITIAL):			
ADDRESS:	CITY:	STATE:	ZIP:
CELL PHONE:	OTHER PHONE:	EMAIL ADDRESS:	
DATE OF BIRTH:	DRIVER'S LICENSE STATE AND NUMBER:		
GENDER:	RACE:	ETHNICITY:	HEIGHT:
WEIGHT:	EYE COLOR:	HAIR COLOR:	CLOTHING DESCRIPTION:

VEHICLE INFORMATION (IF APPLICABLE)

VEHICLE # 1 BELONGS TO:	COMPLAINANT/VICTIM	SUSPECT
YEAR:	MAKE:	MODEL:
COLOR:	BODY STYLE	
LICENSE PLATE #	STATE:	VIN:
DAMAGE AMOUNT: \$		

VEHICLE # 2 BELONGS TO:	COMPLAINANT/VICTIM	SUSPECT
YEAR:	MAKE:	MODEL:
COLOR:	BODY STYLE	
LICENSE PLATE #	STATE:	VIN:
DAMAGE AMOUNT: \$		

PROPERTY INFORMATION (IF APPLICABLE)

ITEM # 1 WAS:	STOLEN	DAMAGED	# OF ITEMS:	VALUE: \$
MAKE:	MODEL:		COLOR:	
SERIAL #:	DESCRIPTION:			

ITEM # 2 WAS:	STOLEN	DAMAGED	# OF ITEMS:	VALUE: \$
MAKE:	MODEL:		COLOR:	
SERIAL #:	DESCRIPTION:			

ITEM # 3 WAS:	STOLEN	DAMAGED	# OF ITEMS:	VALUE: \$
MAKE:	MODEL:		COLOR:	
SERIAL #:	DESCRIPTION:			

NARRATIVE

PLEASE DESCRIBE THE CRIME OR EVENT THAT OCCURRED (WHO, WHAT, WHEN, WHERE, WHY, HOW):

This is an official Town of Stratford Police Department document, which will become the official police report for this incident. If you have insurance coverage, this form will assist you in filing a claim. Please note that you must include your **FULL NAME** and **DATE OF BIRTH** (as well as all other required fields) for the report to be officially filed.

Stratford Police Department will contact you within four (4) hours after this form was submitted. If you do not receive a phone call within that time please contact the Stratford Police Department at 203-385-4145. **Please be advised Connecticut General Statute states that falsely reporting an incident in the first degree is a class D felony (53a-180).**

PLEASE EMAIL COMPLETED FORM TO: DESKSGT@TOWNOFSTRATFORD.COM

Name: _____

Date: _____