



ANONYMOUS VICTIM REPORT

FAIRBANKS POLICE DEPARTMENT
FAIRBANKS, ALASKA

See reverse for instructions for completing this form. Blocks in grey are for department use only.

CASE NUMBER
CROSS REFERENCE CASE NUMBER

INCIDENT TYPE	<input type="checkbox"/> ASSAULT <input type="checkbox"/> ROBBERY <input type="checkbox"/> THEFT <input type="checkbox"/> OTHER: _____		
	ADDRESS OR LOCATION OF INCIDENT	DATE OF INCIDENT	TIME OF INCIDENT
INCIDENT DESCRIPTION			
SUSPECT INFORMATION			
PERSON REPORTING	NAME	PHONE #	
	AGENCY	I received the information contained in this report directly from the victim. <input type="checkbox"/> YES <input type="checkbox"/> NO	
SIGNATURE	<input checked="" type="checkbox"/> SIGNATURE OF PERSON MAKING THIS REPORT	DISTRIBUTION: (ORIGINAL TO RECORDS) <input type="checkbox"/> ADMIN <input type="checkbox"/> INVESTIGATIONS <input type="checkbox"/> OTHER _____	
	DATE/TIME RECEIVED BY OFFICER STAR #	APPROVING SUPERVISOR RANK STAR #	DATE APPROVED

THIS REPORT IS CONFIDENTIAL AND FOR OFFICIAL USE ONLY

ANONYMOUS VICTIM REPORT: This form is intended primarily for use by social service agencies and other entities to report incidents of crime involving victims who otherwise do not wish to report it to law enforcement. The reporting person should gather as much information about the incident and fax or email the completed form to the Fairbanks Police Department, 452-1588 or fpd@ci.fairbanks.ak.us.

INSTRUCTIONS:

INCIDENT TYPE

- Check the box corresponding to the most serious event that occurred during the incident (they are listed in order of precedence from left to right), i.e. if a client was robbed, check the robbery box; there is no need to also check the assault and/or theft boxes even though they might also have occurred.
- Indicate the address or a descriptive location of the incident along with the date and time the victim states that the incident occurred in the appropriate blocks.

INCIDENT DESCRIPTION

- Provide as much detail possible regarding what happened, to include any weapons used and any injuries sustained by the victim. Statements made by the suspect(s) can also be helpful.

SUSPECT INFORMATION

- Provide as much descriptive detail possible regarding any potential suspect(s), to include things such as sex, race, height, weight, hair color and style, facial hair, clothing or any other identifiers. Also include information regarding any vehicles (bike, scooter, motorcycle, car, etc.) including make, model, color, license number, damage, or other descriptors.

PERSON REPORTING

- Please provide your name, the name of your agency and a contact telephone number so that we can contact you for any additional follow-up, if necessary.
- Check the appropriate box, whether you received this information directly from the victim, or if it was related to you by someone else.

SIGNATURE Please sign the form as verification that you filled it out.

Grayed areas are for Police Department use only and should be left blank.