



# CITIZEN'S REPORT

FAIRBANKS POLICE DEPARTMENT  
FAIRBANKS, ALASKA

CASE NUMBER

CROSS REFERENCE CASE NUMBER

INCIDENT TYPE  **CRIMINAL MISCHIEF (VANDALISM)**  **THEFT**  **LOST PROPERTY**  \_\_\_\_\_

<b>REPORTING PERSON</b>	ADDRESS OF INCIDENT		OCCURRED FROM DATE	OCCURRED TO DATE
	BUSINESS NAME (if business is a victim)		OCCURRED FROM TIME	OCCURRED TO TIME
	ROLE	LAST, FIRST, MIDDLE NAME OF CITIZEN MAKING THIS REPORT		RACE
	DATE OF BIRTH	SOCIAL SECURITY NUMBER	DRIVER'S LICENSE NUMBER	LICENSE STATE
	RESIDENCE ADDRESS, CITY, STATE, ZIP CODE		HOME PHONE	CELL PHONE
	OCCUPATION, PLACE OF EMPLOYMENT, ADDRESS, CITY, STATE, ZIP CODE			WORK PHONE
	E-MAIL ADDRESS			

<b>VEHICLE (IF INVOLVED)</b>	LICENSE PLATE	LICENSE STATE	VEHICLE MAKE	VEHICLE MODEL OR STYLE	VEHICLE COLOR
	INSURANCE COMPANY / LEIN HOLDER			KEYS LEFT IN VEHICLE <input type="checkbox"/> YES <input type="checkbox"/> NO	VEHICLE LOCKED <input type="checkbox"/> YES <input type="checkbox"/> NO

<b>INCIDENT DESCRIPTION</b>	

DO NOT WRITE ON BACK OF PAGE - USE AN ADDITIONAL STATEMENT FORM TO CONTINUE

<b>PROPERTY DESCRIPTION</b>	TYPE	ITEM / BRAND	MODEL SIZE	COLOR	SERIAL NUMBER	VALUE	

TOTAL VALUE OF PROPERTY STOLEN OR LOST: \_\_\_\_\_ TOTAL VALUE OF PROPERTY DAMAGED: \_\_\_\_\_

<b>SIGNATURE</b>	<b>X</b> _____ SIGNATURE OF CITIZEN MAKING THIS REPORT	<b>ADMIN.</b> <b>CASE STATUS</b> <input type="checkbox"/> OPEN <input type="checkbox"/> SUSPENDED <input type="checkbox"/> CLOSED <b>DISTRIBUTION:</b> <b>ORIGINAL TO RECORDS</b>
	DATE AND TIME _____	

FPD FORM REV 05/05	DATE / TIME	RECEIVED BY OFFICER	TITLE	STAR	APPROVING SUPERVISOR	TITLE	STAR	DATE APPROVED
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