

(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 \_\_\_\_\_