

City of Idaho City



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IDAHO CITY POLICE CITIZENS GENERAL REPORT

TODAY'S DATE: _____

FIRST NAME: _____

LAST NAME: _____

ADDRESS: _____

TELEPHONE: HOME () _____ TELEPHONE: WORK () _____

TELEPHONE: MOBILE () _____ ALT. TELEPHONE: () _____

DRIVER'S LICENSE NUMBER: _____ STATE: _____

PLEASE PROVIDE COMPLETE DETAIL INFORMATION FOR THE APPLICABLE TYPE OF REPORT:

PERSON _____ PROPERTY _____ RESIDENCE _____ BUSINESS _____ AUTO _____

TRAFFIC ACCIDENT/INCIDENT

DATE/TIME OF ACCIDENT/INCIDENT REPORTED

LOCATION OF ACCIDENT/INCIDENT REPORTED

DESCRIPTION OF ACCIDENT/INCIDENT REPORTED

PLEASE USE SEPARATE SHEET FOR DETAILS OF OFFENSE

CRIME REPORT

DATE/TIME OF CRIME REPORTED

LOCATION OF CRIME REPORTED

FORCED ENTRY? YES _____ NO _____

DESCRIPTION OF CRIME REPORTED

PLEASE USE SEPARATE SHEET FOR DETAILS OF OFFENSE

LIST STOLEN PROPERTY

ITEM	BRAND NAME	SERIAL #	COLOR/STYLE	VALUE
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

WITNESSES

NAME _____ PHONE # _____
ADDRESS _____

NAME _____ PHONE # _____
ADDRESS _____

I DO HEREBY CERTIFY THAT THIS REPORT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, AND THAT I WILL PROSECUTE AND/OR TESTIFY IN THE CASE.

SIGNATURE: _____ DATE: _____

OFFICIAL USE ONLY

RECEIVED BY:

DATE:

DOCUMENTS RECEIVED:

COMMENTS: