



**University of Wisconsin-Superior
 Department of Public Safety
 CITIZEN'S CRIME REPORT**

PERSONAL INFORMATION

Sex	Race	Height	Weight	Eyes	Hair
Last Name		First Name		Middle Name	Date of Birth
Home Street Address			City	State	Zip Code
Work Street Address			City	State	Zip Code
Home Phone		Cell Phone		Work Phone	
UW-S Email		Work Email		Other Email	

NATURE OF CRIME

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LOCATION WHERE CRIME OCCURRED

Street Address/Room Number		City	State	Zip Code
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CRIME OCCURRED BETWEEN

MO	DAY	YEAR	DAY OF WEEK	TIME	A.M. / P.M.
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AND

MO	DAY	YEAR	DAY OF WEEK	TIME	A.M. / P.M.
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DATE/TIME REPORTED

MO	DAY	YEAR	DAY OF WEEK	TIME	A.M. / P.M.
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MY VEHICLE WAS INVOLVED IN THE CRIME

Year	Make	Color	Tag Number	State	Vehicle Identification Number
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SUSPECT'S VEHICLE

Year	Make	Color	Tag Number	State	Vehicle Identification Number
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WITNESSES

Last Name	First Name	Middle Name	Date of Birth
Home Street Address		City	State Zip Code
Last Name	First Name	Middle Name	Date of Birth
Home Street Address		City	State Zip Code
Last Name	First Name	Middle Name	Date of Birth
Home Street Address		City	State Zip Code

SUSPECTS

Last Name	First Name	Middle Name	Date of Birth
Home Street Address		City	State Zip Code
Sex	Race	Height	Weight
Eyes	Hair	Clothing	
Last Name	First Name	Middle Name	Date of Birth
Home Street Address		City	State Zip Code
Sex	Race	Height	Weight
Eyes	Hair	Clothing	
Last Name	First Name	Middle Name	Date of Birth
Home Street Address		City	State Zip Code
Sex	Race	Height	Weight
Eyes	Hair	Clothing	

LIST OF PROPERTY THAT WAS LOST, STOLEN OR DAMAGED

Item #	Description / Serial Number	\$ Value \$	Lost Stolen Damaged
1		\$	
2		\$	
3		\$	
4		\$	
5		\$	
6		\$	
7		\$	
8		\$	
9		\$	

