



Minocqua Police Dept AS400 Short Form Report



Shaded Areas for Police Use Only

SAM Data	Emp.	Victim Brochure Yes <input type="checkbox"/> No <input type="checkbox"/>	Complaint# MI -	Disposition
	Date Received		Time Received	Officer Signature
	Offense		Stat/Ord	Supervisor Signature

This incident report is for the victim's convenience, who feels no need to speak to an officer and may be filing this report for insurance purposes. Because of the lack of known suspects, witnesses or physical evidence, there may be no police investigation. However, this information will assist in identifying the types and locations of crimes occurring in Minocqua. A complaint number will be assigned to this report by police personnel and kept on file. **Please print and fill out the form as completely as possible and return to Minocqua PD; P. O. Box 346, 418 E Chicago Ave., Minocqua, WI 54548. Your Incident cannot be documented without the return of the completed form.**

Incident Location	Number	Fraction	Street Name	Apt	
	Common Place Name (i.e. McDonald's, Wal-Mart, etc.)				
Earliest to Latest Date and Time Incident May Have Occurred: → → → → → → → →		From Date/Time	To Date/Time		
Complainant	Last Name		First Name	Middle Name	Title
	Sex	Date of Birth		Race	
	Address Number		Street Name		Apt
	City			State	Zip
	Home Phone		Cell Phone	Other Phone	

Vehicle Involved	Year		Make	Was Vehicle Locked? Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Style		Model		
	Lic Number	Lic State	Expiration:	Color:	
	VIN #		How Involved: Victim <input type="checkbox"/> Suspect <input type="checkbox"/> Damaged <input type="checkbox"/>		Damage Value: \$

Property	Status	Make and Model	Detailed Description (Include Serial Number or other unique markings)	\$Value\$

Chain of Custody	Imp Date		Time		
	Receive By				
	Storage Location		Status: In <input type="checkbox"/> Out <input type="checkbox"/> Released <input type="checkbox"/> Destroyed <input type="checkbox"/>		
Notif	Type of Person Notified Owner <input type="checkbox"/> Driver <input type="checkbox"/>				
	Date	Time	Type: By Officer <input type="checkbox"/> Letter <input type="checkbox"/> Registered Mail <input type="checkbox"/> Telephone <input type="checkbox"/>		Employee
Disp	Date		Time		By
	Type: Returned to Owner <input type="checkbox"/> Destroyed <input type="checkbox"/>			Claimants Receipt Yes <input type="checkbox"/> No <input type="checkbox"/>	

OVER

Narrative (Describe in Detail What Occurred): _____

I did not give consent to anyone to damage/steal/illegally enter my property.

Complainant's Signature: _____ **Date:** _____

Name	Last:		First:		Middle:		Title:		
	SSN		SID			FBI			
	DL#		State	Exp		Type			
Descriptors	Sex: M <input type="checkbox"/> F <input type="checkbox"/> U <input type="checkbox"/>	Dangerous: Y <input type="checkbox"/> N <input type="checkbox"/>		DOB		Race: Asian <input type="checkbox"/> Black <input type="checkbox"/> Am Indian <input type="checkbox"/> White <input type="checkbox"/> Unknown <input type="checkbox"/>			
	Height:	Weight:		Hair:		Eye:			
	Eth/Origin: Hispanic <input type="checkbox"/> Non-Hisp <input type="checkbox"/> Unknown <input type="checkbox"/>			Build: Heavy <input type="checkbox"/> Large <input type="checkbox"/> Medium <input type="checkbox"/> Small <input type="checkbox"/> Stocky <input type="checkbox"/>					
	Residence: Resident <input type="checkbox"/> Non Resident <input type="checkbox"/> Unk <input type="checkbox"/>			Place of Birth			Marital Status		
Address	Address						Apt		
	City				State		Zip		
	Home Phone:			Cell Phone			Other Phone		
SMT	Code	Description			Code		Description		
	Code	Description			Code		Description		
Connect	Offense:		Involvement:			Referred:			
	Arrest Date:		Arrest Time:			Officer			