

East Dundee Police Department					CITIZEN REPORT		INCIDENT NO. (OFFICIAL USE ONLY)	
NAME OF PERSON MAKING REPORT (LAST, FIRST MIDDLE):								
DATE OF BIRTH		SEX: M / F		TELEPHONE NO.()				
HOME ADDRESS			CITY		STATE		ZIP CODE	
BUSINESS ADDRESS			CITY		STATE		ZIP CODE	
NAME OF OTHER PERSON INVOLVED (LAST, FIRST MIDDLE):								
DATE OF BIRTH		SEX: M / F		TELEPHONE NO.()				
HOME ADDRESS			CITY		STATE		ZIP CODE	
BUSINESS ADDRESS			CITY		STATE		ZIP CODE	
VEHICLE INFO.	LICENSE		YEAR	COLOR	MAKE		MODEL	
INCIDENT LOCATION (ADDRESS, CITY, STATE)					DATE OF INCIDENT		TIME OF INCIDENT	
<input type="checkbox"/> Check here if the report is for lost property. Describe property below. No need for narrative.								
If the report is for any thing other than lost property, state what happened:								
SIGNATURE _____					PAGE _____ OF _____			
REVIEWED BY: _____			DATE & TIME RECEIVED: _____			COPY PROVIDED: <input type="checkbox"/> YES <input type="checkbox"/> NO		

