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

☐ **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: ☐ YES ☐ NO

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When complete return to: East Dundee Police Department 120 Barrington Ave. East Dundee IL. 60118

SIGNATURE DATE