Print Form

City of Wasilla
Police Department
CITIZEN REPORT FORM

Case Number:

Notice to person completing this form: AS 11.56.8000 makes it unlawful to knowingly make a false report to a peace officer that a crime has occurred.

INSTRUCTIONS

1. Fill out form online or fill out hardcopy using standard black or blue ink.
2. Complete as much of the requested information pertaining to your situation as possible.
3. Write a brief summary in the Statement section or on a blank sheet of paper.
4. Sign your name in the Signature section.

PERSONAL INFORMATION

NAME:

MAILING ADDRESS:

PHYSICAL ADDRESS:

PHONE #'S: HOME: **WORK:** **CELL:**

SEX: (Check One) **RACE:** (Check One - optional)

DATE OF BIRTH: **DRIVER'S LICENSE/ID:** **STATE:**

EMPLOYER NAME:

EMPLOYER ADDRESS: **STATE:**

TYPE OF INCIDENT (Check all that apply):

Location where incident occurred:

Incident occurred: Date: **Time:** Or between the dates of:

From: Date: **Time:** **To : Date:** **Time:**

- ☐ Lost Property Go to Section "**A**"
- ☐ Theft Go to Section "**B**"
- ☐ Vandalism Go to Section "**C**"
- ☐ Fraud Go to Section "**D**"
- ☐ Other Go to Section "**E**"

SECTION "A" -- LOST PROPERTY

What kind of property was lost?

When was the property last seen?

Who last saw the lost property?

When was the property last seen?

Was the lost property insured? ◯ No ◯ Yes Name of insurance company:

Go To: **Property Description**

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SECTION "B" -- THEFT

1. Are you the victim of a theft? (Check one) ◯ Yes ◯ No

2. If yes, was the theft from your: (Check all that apply):

☐ Home ☐ Vehicle ☐ Shed
☐ Garage ☐ Yard ☐ Place of business
☐ Other Describe:

3. What type of property was stolen? (Check all that apply).

☐ Motorcycle ☐ Watercraft
☐ ATV ☐ Car/Truck/SUV
☐ Snow Machine ☐ Trailer
☐ Other motorized vehicle: (describe):

Record description in Vehicle Information Section

☐ Bike ☐ Purse
☐ Equipment ☐ Cell Phone
☐ Tools ☐ Medication **See "NOTES"
☐ Other type of property (describe):

Record description in Property Description Section

4. Was the property secured? ◯ No ◯ Yes How?

5. If a vehicle, was the key in the ignition? ◯ No ◯ Yes

6. Is the property insured? ◯ No ◯ Yes With whom:

7. If the theft was from a building, what is the building used for? (Check all that apply)

☐ Full time residential ☐ Recreational
☐ Multiple residential ☐ Work shop
☐ Unoccupied residential ☐ Storage
☐ Retail Business:
☐ Wholesale Business:
☐ Multiple Businesses:

8. Did you have an alarm system? ◯ No ◯ Yes

9. If yes, was it activated? ◯ No ◯ Yes

**********NOTES**********

If stolen property is prescription medication, please provide the follow information:

Doctor's Name, Address, & Phone Info.

Doctor may be contacted prior to receiving a case #.

Alaska State Statute 11.56.8000 makes it unlawful to knowingly make a false report to a peace officer that a crime has occurred.

By signing below, you are acknowledging this notice and giving WPD permission to contact your doctor.

Give a detailed summary of the incident in the Statement Section.

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SECTION "C" -- VANDALISM

1. Are you a victim of a vandalism? (Check one) ◯ Yes ◯ No If No, go to the next Section.

2. If YES, what was vandalized? (Check all that apply).

☐ Place of Business ☐ Vehicle ☐ Shed

☐ Garage ☐ Yard ☐ Home

☐ Place of Business

3. Where did this happen? (Please use physical address, house number, milepost, etc.)

4. Was the vandalized property covered by insurance?

◯ No ◯ Yes If YES, name of your Insurance Company?

5. Estimate of loss-value: $

Describe the damage that occurred to the property that was vandalized and a detailed summary of the incident in the Statement Section.

SECTION "D" -- FRAUD

1. Are you a victim of Fraud? (Fraud may occur when someone uses your credit/debit card number or bank account # over the internet or in another country to purchase goods or services.)

◯ Yes ◯ No If No, go to the next Section.

2. What type of fraud was it? (Check all that apply).

☐ Credit/Debit Card (National)

☐ Credit/Debit Card (National) (Internet related)

☐ Other: (Specify below)

For National Fraud, refer to:
Federal Trade Commission
Northwest Region
2896 Federal Bldg.
915 2nd Avenue
Seattle, WA 98174
(877) 382-4357

☐ Credit/Debit Card (International))

☐ Credit/Debit Card (Interational) (Internet related)

For International Fraud, refer to:
U.S. Secret Service
222 W. 7th Ave., Box 26
Anchorage, AK 99513
(907) 271-5148

3. Who is the Credit/Debit Card Company or bank?

4. Was there a business involved? ◯ No ◯ Yes Name:

Go to Statement Section and write a detailed summary of the circumstances surrounding the incident.

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SECTION "E" -- OTHER

1. If you are not the victim of lost property, theft, vandalism, or fraud, what type of crime are you reporting?

Go to the Statement Section to write a full statement regarding this issue.

VEHICLE INFORMATION SECTION (Complete if a vehicle was involved)

1. If you vehicle was involved, complete the following:

Vehicle #1

License plate number: State Registered: AL Vehicle Year:

Make: Model: Color:

Vehicle Identification Number (VIN):

2. Are you the registered owner?

◯ Yes ◯ No If No, Name & Contact info:

3. What is the Name, Address & Phone # of the Insurance Company insuring this vehicle?

Vehicle #2

License plate number: State Registered: AL Vehicle Year:

Make: Model: Color:

Vehicle Identification Number (VIN):

4. Are you the registered owner?

◯ Yes ◯ No If No, Name & Contact info:

5. What is the Name, Address & Phone # of the Insurance Company insuring this vehicle?

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PROPERTY DESCRIPTION SECTION

Type of Article | Brand/Make | Estimated Value | Lost ☐

Model | Serial Number | Size/Caliber | Stolen ☐

Other descriptive information (color, additional markings, etc.) | Damaged ☐

APSIN/NCIC Entry Date: | NIC #

Type of Article | Brand/Make | Estimated Value | Lost ☐

Model | Serial Number | Size/Caliber | Stolen ☐

Other descriptive information (color, additional markings, etc.) | Damaged ☐

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STATEMENT SECTION

FULL NAME:

ADDRESS:

(Physical address, house number, milepost, etc.) (City) (Zip Code)

If you are filling out a hard copy, please print clearly using black or a dark color ink.

Signature: Date: