

City of Idaho City



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**IDAHO CITY POLICE
CITIZENS GENERAL REPORT**

TODAY'S DATE: _____
FIRST NAME: _____
LAST NAME: _____
ADDRESS: _____
TELEPHONE: HOME () _____ TELEPHONE: WORK () _____
TELEPHONE: MOBILE () _____ ALT. TELEPHONE: () _____
DRIVER'S LICENSE NUMBER: _____ STATE: _____

PLEASE PROVIDE COMPLETE DETAIL INFORMATION FOR THE APPLICABLE TYPE OF REPORT:

PERSON _____ PROPERTY _____ RESIDENCE _____ BUSINESS _____ AUTO _____

TRAFFIC ACCIDENT/INCIDENT

DATE/TIME OF ACCIDENT/INCIDENT REPORTED
LOCATION OF ACCIDENT/INCIDENT REPORTED
DESCRIPTION OF ACCIDENT/INCIDENT REPORTED

PLEASE USE SEPARATE SHEET FOR DETAILS OF OFFENSE

CRIME REPORT

DATE/TIME OF CRIME REPORTED
LOCATION OF CRIME REPORTED
FORCED ENTRY? YES _____ NO _____
DESCRIPTION OF CRIME REPORTED

PLEASE USE SEPARATE SHEET FOR DETAILS OF OFFENSE

LIST STOLEN PROPERTY

ITEM	BRAND NAME	SERIAL #	COLOR/STYLE	VALUE
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

WITNESSES

NAME _____ PHONE # _____
ADDRESS _____

NAME _____ PHONE # _____
ADDRESS _____

I DO HEREBY CERTIFY THAT THIS REPORT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, AND THAT I WILL PROSECUTE AND/OR TESTIFY IN THE CASE.

SIGNATURE: _____ DATE: _____

OFFICIAL USE ONLY

RECEIVED BY:

DATE:

DOCUMENTS RECEIVED:

COMMENTS: