

POLICE INCIDENT / CITIZEN SELF-REPORT

BREHAM POLICE DEPARTMENT

P.O. Box 682 Brenham, TX 77834
979-337-7337 Fax 979-337-7343

CAD NUMBER

CASE REPORT NUMBER

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This report is being provided to you to report certain crimes and/or incidents. Each report requires a written statement from you. This report may be used to begin an investigation, document information, or for insurance purposes. Once completed, return to the Brenham Police Dept. within 5 days. Upon receipt it will be reviewed and an official case number assigned. Please include documents, photos, videos or recordings that support your claim. In the event charges are filed by the prosecutor, the court will notify you when and where to appear. Crimes/incidents reported on this form must have occurred within the city limits of Brenham, Texas.

INCIDENT	TYPE OF INCIDENT / OFFENSE			FELONY/MISD	DEGREE	<input type="checkbox"/> CITIZEN SELF-REPORT	<input type="checkbox"/> POLICE OFFICER'S INCIDENT REPORT ONLY						
	LOCATION / DESCRIPTION				DISTRICT		BUSINESS NAME						
	DATE AND TIME REPORTED / /			OCCURRED (DAY(S) OF WEEK) ON/BETWEEN /		DATES / /		TIMES / /					
REPORTER / VICTIM	NAME (LAST, FIRST, MIDDLE)					DOB		RACE	SEX	AGE			
	RESIDENCE ADDRESS				CITY		ZIP		RESIDENCE PHONE				
	BUSINESS ADDRESS				CITY		ZIP		BUSINESS PHONE				
	EMAIL ADDRESS				D.L. or I.D. NUMBER		STATE	CELL PHONE					
VEHICLE	YEAR	MAKE	MODEL	BODY STYLE	COLORS	LICENSE	STATE						
	<input type="checkbox"/> VICTIM'S <input type="checkbox"/> SUSPECT'S <input type="checkbox"/> RECOVERED VALUE _____ VIN NUMBER _____												
OTHER PERSON(S)	W-Witness	S-Suspect	O-Other (Describe)	SUSPECT, WITNESS, or OTHER (Describe)	NAME (LAST, FIRST, MIDDLE)			DOB		RACE	SEX	AGE	
				RESIDENCE ADDRESS				CITY		ZIP		RESIDENCE PHONE	
				BUSINESS ADDRESS				CITY		ZIP		BUSINESS PHONE	
				EMAIL ADDRESS				D.L. or SOCIAL SEC. #		STATE	CELL PHONE		
	W-Witness	S-Suspect	O-Other (Describe)	SUSPECT, WITNESS, or OTHER (Describe)	NAME (LAST, FIRST, MIDDLE)			DOB		RACE	SEX	AGE	
				RESIDENCE ADDRESS				CITY		ZIP		RESIDENCE PHONE	
				BUSINESS ADDRESS				CITY		ZIP		BUSINESS PHONE	
				EMAIL ADDRESS				D.L. or SOCIAL SEC. #		STATE	CELL PHONE		
	W-Witness	S-Suspect	O-Other (Describe)	SUSPECT, WITNESS, or OTHER (Describe)	NAME (LAST, FIRST, MIDDLE)			DOB		RACE	SEX	AGE	
				RESIDENCE ADDRESS				CITY		ZIP		RESIDENCE PHONE	
				BUSINESS ADDRESS				CITY		ZIP		BUSINESS PHONE	
				EMAIL ADDRESS				D.L. or SOCIAL SEC. #		STATE	CELL PHONE		
ISSUING / REPORTING OFFICER				BADGE No.	APPROVING SUPERVISOR			BADGE No.	DATE				

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BIKE	BRAND	VALUE	MODEL	SPEED	BOYS <input type="checkbox"/>	GIRLS <input type="checkbox"/>	OTHER <input type="checkbox"/>	FRAME COLOR	SIZE
	SERIAL NO.	LICENSE NO.		CITY	OTHER DESCRIPTION			(Check One) <input type="checkbox"/> FOUND <input type="checkbox"/> RECOVERED <input type="checkbox"/> STOLEN	

PROPERTY					
ITEM NO.	STATUS	QTY.	ARTICLE DESCRIPTION, BRAND NAME, MODEL NAME, OR NO.	SER./ID NO.	VALUE

STATUS: 1-NONE 2-BURNED 3-COUNTERFEITED/FORGED 4-DESTROYED/DAMAGED/VANDALIZED 5-RECOVERED 6-SEIZED 7-STOLEN 8-FOUND

NARRATIVE REPORT / REPORTEE'S STATEMENT

WARNING: Making a false statement and/or report to a law enforcement officer, agency, or employee is a violation of Texas Penal Code, Section 37.08. By signing below, I acknowledge that this is a true, correct, and actual description of the crime and/or incident that occurred, and I understand that making a false statement and/or report is a criminal act.

I also wish to (Check One) File Charges Not File Charges Insurance/Info Only

REPORTEE'S NAME (Print) _____ REPORTEE'S SIGNATURE _____ DATE _____