CAD NUMBER

POLICE INCIDENT / CITIZEN SELF-REPORT

BRENHAM POLICE DEPARTMENT

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

AGE of

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.

| | TYI | PE OF INCIDENT / OI | FFENSE | FE | ELONY/M | 4ISD | DEGREE | | ΓΙΖΕΝ | | | E OFFICER'S |
|-----------------|---|---|--------|-------|----------|-------|-----------------------------|-------|-----------------------|----------------------|------------|-------------|
| ENT | LOC | LOCATION / DESCRIPTION I | | | | | RICT | | LF-REPORT ESS NAME | INCIDENT REPORT ONLY | | |
| INCIDENT | DA | DATE AND TIME REPORTED OCCURRED | | | | | OF WEEK) | DATES | 1 | TIMES | | |
| | DA | / ON/BETWEEN | | | | | / | DATE | JATES / | | TIMES / | |
| Z | NAME (LAST, FIRST, MIDDLE) | | | | | | DOB | | | RACE | SEX | K AGE |
| VICTIM | RES | RESIDENCE ADDRESS CIT | | | | | | ZIP | | RESIDENCE PHONE | | IE . |
| EE / | BUS | BUSINESS ADDRESS CIT | | | | | | ZIP | | BUSINESS PHONE | | |
| REPORTEE | | | | | | | | | | CELL BHONE | | |
| 퓚 | EMAIL ADDRESS | | | | | D.: | D.L. or I.D. NUMBER STATE | | | CELL PHONE | | |
| Е | YEA | AR | MAKE | MODEL | . | BODY | STYLE | COL | ORS | LICENSE | S | TATE |
| VEHICLE | | | | | | | | | | | | |
| N | VICTIM'S SUSPECT'S RECOVERED VALUE VIN NUMBER | | | | | | | | | | | |
| | | SUSPECT, WITNESS, NAME (LAST, FIRST, MIDDLE) or OTHER (Describe) | | | | | | | DOB | | SEX | AGE |
| | | | | | | | rv. | 7 | ZID | | ICE DIJON | TE. |
| | | RESIDENCE ADDRESS | | | | CH | CITY ZIP | | ır | RESIDENCE PHONE | | |
| | | BUSINESS ADDRESS | | | | CIT | CITY ZIP | | IP | BUSINESS PHONE | | |
| | Suspect O-Other (Describe) | EMAIL ADDRESS | | | | | D.L. or SOCIAL SEC. # | | | CELL PHONE | | |
| | | SUSPECT, WITNESS, or OTHER (Describe) NAME (LAST, FIRST, MIDDLE) | | | | | DOB | | RACE | SEX | AGE | |
| | | RESIDENCE ADDRESS | | | | | CITY ZIP | | IP . | RESIDENCE PHONE | | |
| (6 | | BUSINESS ADDRESS | | | | | ΓY | IP | BUSINESS PHONE | | | |
| OTHER PERSON(S) | | EMAIL ADDRESS | | | | | . or SOCIAL SI | EC. # | STATE | CELL PHONE | | |
| ER PE | | SUSPECT, WITNESS, OR OTHER (Describe) NAME (LAST, FIRST, MIDDLE) | | | | | 1 | | ОВ | RACE | SEX | AGE |
| OTH | | | | | | CIT | CITY | | TD. | RESIDENCE PHONE | | |
| | ss S- | RESIDENCE ADDRESS | | | | | Y | ZIP | | RESIDENCE PHONE | | |
| | W-Witness | BUSINESS ADDRESS | | | | CIT | Υ | Z | IP . | BUSINES | ESS PHONE | |
| | W-\ | EMAIL ADDRESS | | | | D.I. | D.L. or SOCIAL SEC. # STATE | | CELL PHONE | | | |
| | | SUSPECT, WITNESS, OT OTHER (Describe) NAME (LAST, FIRST, MIDDLE) | | | | | I | | DOB | | SEX | AGE |
| | | RESIDENCE ADDRESS | | | | СІТ | CITY Z | | IP | RESIDENCE PHONE | | |
| | | BUSINESS ADDRESS | | | | СІТ | CITY ZIP | | ΙP | BUSINESS PHONE | | |
| | | EMAIL ADDRESS | | | | D.I. | D.L. or SOCIAL SEC. # | | C.# STATE | | CELL PHONE | |
| ISS | ISSUING / REPORTING OFFICER BADGE No | | | | | Jo. 1 | APPROVING SUPERVISOR | | | BADG | E No. | DATE |

| CASE REPORT |
|-------------|
| NUMBER |

| | BRAND | VA | LUE | MODEL | SPEED | BOYS | GIRLS | ОТНЕК | FRAME COLO | DR SIZE |
|----------|---|-----------|------------------|---|-------------|---------------|--------------|------------|-------------------|------------------------|
| BIKE | SERIAL NO |). | | LICENSE NO. | CITY | OTHER D | ESCRIPTION | ☐ FOU | | heck One) ERED STOLEN |
| | PROPERTY | | | | | | | | | |
| | ITEM STATUS QTY. | | ARTICLE DESCRIPT | ARTICLE DESCRIPTION, BRAND NAME, MODEL NAME, OR NO. | | | | | VALUE | |
| | 110. | | | | | | | | | |
| | | | | | | | | | | |
| PROPERTY | | | | | | | | | | |
| PRO | | | | | | | | | | |
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| | STATUS: 1 | -NONE 2-B | NIRNED 3-COL | INTERFEITED/FORGED 4-1 | DESTROYED/D | AMAGED/VA | NDALIZED 5-R | RECOVERED |) 6-SFIZED 7-STO | OLEN 8-FOUND |
| | 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 | | | | | | | | | |
| | NARRATIVE REPORT / REPORTEE S STATEMENT | | | | | | | | | |
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| | ADNING | Making a | falsa statama | nt and/ar report to a la | w onforcers | unt officer o | GONOV ON COM | ınlayaa is | a violation of To | vas Panal Cada |
| Se | 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. | | | | | | | | | |
| Ia | llso wish to EPORTEE'S | (Check On | e) F | ile Charges | Not File | Charges | Ins | surance/In | fo Only | DATE |