



McMinnville Police Department

Citizen Crime Report

Case #: _____
 LEDS Entry: _____
 LEDS Verify: _____
 Lost Property: Yes No

Today's Date: ___/___/___ Current Time: _____ AM/PM

PLEASE PRINT Your Information:

Last Name: _____ First Name: _____ Middle Initial: _____

Street Address: _____ Apt: _____

City: _____ State: _____ Zip: _____ Email: _____

Phone #: Home (____) ____-____ Cell (____) ____-____ Work (____) ____-____

Date of Birth: ___/___/___ Sex: Male Female Race: _____

Location / Address Where Crime Occurred: _____

Location Type: Street Driveway Parking lot Single Family Home
 Duplex/Apartment Business Other _____

Date Crime Occurred: ___/___/___ Time Crime Occurred: ___/___/___

**If date/time of crime is unknown, fill out information below:

Date/Time Period Crime Occurred: Between ___/___/___ and ___/___/___

Between _____ AM/PM and _____ AM/PM

Vehicle Involved: Yes No If Yes, fill out information below:

Make: _____ Model: _____ Year: _____

VIN: _____ License Plate #: _____ State: _____

Are there witnesses? Yes No If Yes, list any information available:

Is the suspect known? Yes No If Yes, list any information available:

