

Event No.: _____ Date _____ Case Number _____ (Do Not Mark In This Area ~~For Police Use Only)

**CALDWELL POLICE DEPARTMENT
MAIL-IN REPORT**

Victim's Name _____ **Phone** _____

Address _____ **City** _____ **State** _____ **Zip** _____

Date of Birth _____ **Social Security Number** _____

Date of Incident _____ **Approximate Time of Incident** _____

Location of Occurrence _____

Victim Vehicle **Make** _____ **Model** _____ **Year** _____ **Color** _____
 License No. _____ **State of License** _____

Insurance Company _____ **Policy Number** _____

Describe What Happened _____

(If you need more space to complete your report, attach additional pages to this form.)

Description of Property Lost/Damaged/Stolen (including Serial Number)	Estimated Cost
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Witnesses:
Name _____ **Address** _____ **Phone** _____
Name _____ **Address** _____ **Phone** _____

Reporting Party's Signature _____ **Date** _____

Send Copy to Caldwell Police Dept., 110 S. 5th Ave., Caldwell, ID 83605