

Officer: \_\_\_\_\_ Date: \_\_\_\_\_ Case Number: \_\_\_\_\_  
(Do Not Mark In This Area—For Police Use Only)

**CALDWELL POLICE DEPARTMENT**  
**MAIL-IN REPORT**  
**110 South 5<sup>th</sup> Ave, Caldwell, ID 83605, 208-455-3115**

**Crime Type**     Vandalism     Lost Property     Vehicle Accident     Hit and Run     No Suspect Theft

**Victim Name** \_\_\_\_\_ Phone \_\_\_\_\_

Victim's Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

**Business Name** \_\_\_\_\_ Phone \_\_\_\_\_

Business Address \_\_\_\_\_

**Date of Incident** \_\_\_\_\_ Time of Incident \_\_\_\_\_

Location of Incident \_\_\_\_\_

**Vehicle 1 Information**    Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ Color \_\_\_\_\_

License \_\_\_\_\_ State of License \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

**Vehicle 2 Information**    Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ Color \_\_\_\_\_

License \_\_\_\_\_ State of License \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

**Describe the Incident**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*use back of page if necessary*

**Property**    (include model and/or serial number, color, or other identifying information)

Description \_\_\_\_\_ Cost \_\_\_\_\_

Description \_\_\_\_\_ Cost \_\_\_\_\_

Description \_\_\_\_\_ Cost \_\_\_\_\_

Description \_\_\_\_\_ Cost \_\_\_\_\_

Description \_\_\_\_\_ Cost \_\_\_\_\_

Description \_\_\_\_\_ Cost \_\_\_\_\_

Description \_\_\_\_\_ Cost \_\_\_\_\_

Description \_\_\_\_\_ Cost \_\_\_\_\_

**Witnesses**

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_