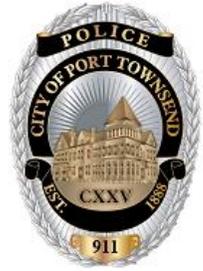


## PORT TOWNSEND POLICE DEPARTMENT

1925 Blaine Street, Suite 100  
Port Townsend WA 98368  
(360) 385-2322  
Fax: (360) 379-4438



## PORT TOWNSEND POLICE DEPARTMENT CITIZEN REPORT FORM INSTRUCTIONS

### READ THIS DOCUMENT FIRST!

**What is this form used for?** This form is intended to provide a convenient option for citizens to report crimes, suspicious circumstances, and other notable incidents that law enforcement should be made aware of. Crimes/incidents reported on this form must have occurred within the city limits of Port Townsend, Washington.

**What is this form NOT used for?** Violent crimes against persons, such as assault or sex offenses. In those cases request an officer contact you by calling dispatch at (360) 385-3831 ext. 1. For reporting Internet fraud, including suspicious e-mails without a known local source, visit the FBI Internet Crime Complaint Center at [www.ic3.gov](http://www.ic3.gov). If you are reporting an immediate emergency you should always dial 9-1-1.

**Will an officer contact me?** Not necessarily. An officer may contact you if the department needs to follow up with you about a suspect or information in your case. You may also specifically request on the report form that an officer contact you. In this case, the department endeavors to respond as timely as possible consistent with other responsibilities and priorities, but cannot promise any specific response or response time.

**What do I need to begin the report?** Your full name (as appears on your driver's license or ID card), birth date, address and phone number. Also know what type of incident you are reporting, the value of the loss/damage, and when and where the incident occurred.

**How do I get started?** Fill out the form completely and accurately. Please print neatly and legibly. You may attach additional pages, documents, or photos as necessary but do not staple your report. Write a brief, detailed statement providing us with as much information as you know about this case in the space provided. If you provided suspect information, you must describe why you believe the individual is involved.

**When do I get an incident case number?** If you've already called JeffCom dispatch or spoken with a department staff member and been assigned a case number use that number on the top of the form. If you have not received a case number already the police department will contact you by phone or email to inform you that your report was received. You will be informed of the incident case number assigned to your report. That is the number that will need to be kept for your records or provided to your insurance company. You may obtain a copy of your report upon request.

**What do I do when I'm finished?** Return the completed and signed report by mail or in person only to:

**Port Townsend Police Department  
1925 Blaine Street, Suite 100  
Port Townsend WA 98368**

**What if I still have questions?** Please call during business hours Monday-Friday at (360) 385-2322.

Incident Case #:	<b>PORT TOWNSEND POLICE DEPARTMENT</b>			Date:	Page: 1 of 2
<b>Citizen Report Form</b>					
<b>INTERNAL USE ONLY</b>	<input type="checkbox"/>	<input type="checkbox"/> Theft 3 / RCW 9A.56.050 (\$750.00 and under)	<input type="checkbox"/> Theft 2 / RCW 9A.56.040 (\$750.01-\$5000.00)	<input type="checkbox"/> Theft 1 / RCW 9A.56.030 (\$5000.01 and up)	
	<input type="checkbox"/> Information Report Only	<input type="checkbox"/> Mal Mis 3 / RCW 9A.48.090 (\$750.00 and under)	<input type="checkbox"/> Mal Mis 2 / RCW 9A.56.080 (\$750.01-\$5000.00)	<input type="checkbox"/> Mal Mis 1 / RCW 9A.56.070 (\$5000.01 and up)	

**LEGIBILITY IS IMPORTANT. PLEASE PRINT NEATLY.**

This form 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. Please include documents, photos, videos, or recordings that support your claim. Once completed, return to the Port Townsend Police Department. Crimes/incidents reported on this form must have occurred within the city limits of Port Townsend, Washington. Note that an officer may not contact you about this report unless the department needs to follow up with you about information in your case. In the event charges are filed by the prosecutor, the court will notify you when and where to appear.

**RETURN BY MAIL OR IN PERSON ONLY TO: Port Townsend Police Department, 1925 Blaine Street #100, Port Townsend WA 98368**

INCIDENT	LOCATION/ADDRESS WHERE INCIDENT OCCURRED		LOCATION BUSINESS NAME	
	DATE/TIME INCIDENT OCCURRED ON OR FROM		DATE/TIME INCIDENT OCCURRED TO	

REPORTEE/VICTIM	NAME (LAST, FIRST MIDDLE)		DATE OF BIRTH	DRIVER'S LICENSE/ID STATE AND NUMBER	
	RESIDENCE STREET ADDRESS (WITH APARTMENT IF APPLICABLE)		CITY	STATE	ZIP CODE
	HOME PHONE ( ) -	CELLULAR PHONE ( ) -	EMAIL ADDRESS		
	EMPLOYER NAME	EMPLOYER ADDRESS	WORK PHONE ( ) -		

BUSINESS VICTIM	<b>Note: Fill out this section only if the victim is a business or organization. You, as the representative of the business, should be listed above.</b>				
	BUSINESS NAME				
	BUSINESS STREET ADDRESS (WITH APARTMENT IF APPLICABLE)		CITY	STATE	ZIP CODE
	PRIMARY PHONE ( ) -	ALTERNATE PHONE ( ) -	EMAIL ADDRESS		

OTHER PERSON	<input type="checkbox"/> SUSPECT <input type="checkbox"/> WITNESS <input type="checkbox"/> OTHER   (Check One)		RELATIONSHIP TO CASE (IF OTHER IS CHECKED)		
	NAME (LAST, FIRST MIDDLE)		DATE OF BIRTH	DRIVER'S LICENSE/ID STATE AND NUMBER	
	RESIDENCE STREET ADDRESS (WITH APARTMENT IF APPLICABLE)		CITY	STATE	ZIP CODE
	HOME PHONE ( ) -	CELLULAR PHONE ( ) -	EMAIL ADDRESS		
	EMPLOYER NAME	EMPLOYER ADDRESS	WORK PHONE ( ) -		

VEHICLE	<input type="checkbox"/> VICTIM <input type="checkbox"/> SUSPECT   (Check One)		VIN		DAMAGE AMOUNT \$	
	YEAR	MAKE	MODEL	BODY STYLE	COLOR	STATE
VEHICLE	<input type="checkbox"/> VICTIM <input type="checkbox"/> SUSPECT   (Check One)		VIN		DAMAGE AMOUNT \$	
	YEAR	MAKE	MODEL	BODY STYLE	COLOR	STATE

BICYCLE	<input type="checkbox"/> LOST <input type="checkbox"/> STOLEN <input type="checkbox"/> DAMAGED   (Check One)		BRAND		MODEL	SIZE	COLOR
	SERIAL #	BICYCLE LICENSE #	OTHER DESCRIPTION			DAMAGE/LOSS VALUE \$	
BICYCLE	<input type="checkbox"/> LOST <input type="checkbox"/> STOLEN <input type="checkbox"/> DAMAGED   (Check One)		BRAND		MODEL	SIZE	COLOR
	SERIAL #	BICYCLE LICENSE #	OTHER DESCRIPTION			DAMAGE/LOSS VALUE \$	

**Please continue on next page. ►**

