



# TRUCKEE POLICE DEPARTMENT COUNTER REPORT FORM



DATE OF REPORT: \_\_\_\_\_ CASE NUMBER: \_\_\_\_\_

TYPE OF REPORT: \_\_\_\_\_

LOCATION OF INCIDENT: \_\_\_\_\_

DATE OF INCIDENT: \_\_\_\_\_ TIME OF INCIDENT: \_\_\_\_\_

## **VICTIM/REPORTING PARTY**

NAME: \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_

MAILING ADDRESS (IF DIFFERENT): \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ DRIVERS LICENSE # \_\_\_\_\_

## **PROPERTY LOSS/DESCRIPTION**

QTY	ITEM/DESCRIPTION	YR/MAKE/BRAND/MODEL	SERIAL#/LIC.PLATE#	COLOR	LOSS/VALUE
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	\$ _____

## **SUMMARY OF INCIDENT**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(You may attach additional sheets or write on the back of this form, if needed.)

*I hereby certify that the information on this report is correct to the best of my knowledge.  
I hereby authorize the Truckee Police Department to release the information to my insurance company.*

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE