CITIZEN'S STATEMENT

CASE NUMBER

FAIRBANKS POLICE DEPARTMENT

ADDRESS OF INCIDENT	BUSINESS NAME (if business is a victim)	INCIDENT OCCURED DATE	INCIDENT OCCURED TIME

LAST, FIRST, MIDDLE NAME OF THE CITIZEN MAKING THIS REPORT	INCIDENT ROLE	DATE OF BIRTH	PHONE NUMBER

RESIDENCE ADDRESS CITY, STATE, ZIP CODE	DRIVER'S LICENSE NUMBER, STATE	SSN	RACE	GENDER

OCCUPATION	PLACE OF EMPLOYMENT ADDRESS CITY, STATE, ZIP CODE	EMAIL ADDRESS

DESCRIPTION OF THE INCIDENT

STOLEN/ RECOVERED/ DAMAGED PROPERTY DESCRIPTION (INCLUDE MAKE, MODEL, COLOR, IDENTIFYING INFORMATION)

	VIN/ SERIAL NUMBER	VALUE

I have read the above and forgoing statement and have been given the opportunity to make any corrections or changes I might want. The changes which I have made are initialed by me in my own handwriting.

X **SIGNATURE:** _____ **DATE AND TIME:** _____

RECEIVED BY OFFICER	DATE/TIME
APPROVING SUPERVISOR	DATE APPROVED