



City of Wasilla
Police Department
CITIZEN REPORT FORM

Case Number:

Notice to person completing this form: AS 11.56.8000 makes it unlawful to knowingly make a false report to a peace officer that a crime has occurred.

INSTRUCTIONS

1. Fill out form online or fill out hardcopy using standard black or blue ink.
2. Complete as much of the requested information pertaining to your situation as possible.
3. Write a brief summary in the Statement section or on a blank sheet of paper.
4. Sign your name in the Signature section.

PERSONAL INFORMATION

NAME:

MAILING ADDRESS: **CITY:** **STATE:** **ZIP:**

PHYSICAL ADDRESS: **CITY:** **STATE:** **ZIP:**

PHONE #'S: HOME: WORK: CELL:

SEX: **RACE: (Optional)**

DATE OF BIRTH: **DRIVER'S LICENSE/ID:** **STATE:**

EMPLOYER NAME:

EMPLOYER ADDRESS: **STATE:**

TYPE OF INCIDENT (Check all that apply):

Location where incident occurred:

Incident occurred: Date: **Time:** Or between the dates of:

From: Date: **Time:** **To: Date:** **Time:**

Lost Property Go to Section "A"

Theft/Shoplifting Go to Section "B"

Vandalism Go to Section "C"

Fraud Go to Section "D"

Other Go to Section "E"

SECTION "A" -- LOST PROPERTY

What kind of property was lost?

Where was the property last seen?

Who last saw the lost property?

When was the property last seen?

Was the lost property insured? No Yes Name of insurance company:

Go To: Property Description



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SECTION "B" -- THEFT

1. Are you the victim of a theft? (Check one) Yes No

2. If yes, was the theft from your: (Check all that apply):

- Home Vehicle Shed
 Garage Yard Place of business

Other Describe:

3. What type of property was stolen? (Check all that apply).

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Motorcycle | <input type="checkbox"/> Watercraft | <input type="checkbox"/> Bike | <input type="checkbox"/> Purse |
| <input type="checkbox"/> ATV | <input type="checkbox"/> Car/Truck/SUV | <input type="checkbox"/> Equipment | <input type="checkbox"/> Cell Phone |
| <input type="checkbox"/> Snow Machine | <input type="checkbox"/> Trailer | <input type="checkbox"/> Tools | <input type="checkbox"/> Medication <small>**See "NOTES"</small> |
| <input type="checkbox"/> Other motorized vehicle: (describe): | | <input type="checkbox"/> Other type of property (describe): | |

Record description in Vehicle Information Section

Record description in Property Description Section

4. Was the property secured? No Yes How?

5. If a vehicle, was the key in the ignition? No Yes

6. Is the property insured? No Yes With whom:

7. If the theft was from a building, what is the building used for?

8. Did you have an alarm system? No Yes If yes, was it activated? No Yes

Medical Physician to Fill Out

I, _____ of _____
Doctor's Name Medical Facility

hereby acknowledge that _____ was given a prescription
Patient Name

for the following medications:

Prescription	# of Pills	Date Prescribed	Medical Purpose
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

I understand my patient is stating such medication has been stolen/lost or missing. I further understand this claim has not been substantiated. If such claim of loss is subsequently found to be false, this individual may be criminally charged with Making a False Statement {AS 11.56.210(a)} and/or Misconduct Involving a Controlled Substance {AS 11.71.010 - AS 11.71.060}. If this should be suspected, it would be my duty to inform law enforcement of my suspicions. To fail to do so may be construed as being knowledgeable of such criminal activity and I may be charged with Hindering Prosecution {AS 11.56.770(a)} or AS 11.56.780(a)} at which time DEA Diversion may be informed.

*******NOTES*******

If stolen property is prescription medication, **Patient**, please provide the follow information:

Doctor's Name, Address, & Phone Info.

Doctor may be contacted prior to receiving a case #.
Alaska State Statute 11.56.800 makes it unlawful to knowingly make a false report to a peace officer that a crime has occurred.

By signing below, you are acknowledging this notice and giving WPD permission to contact your doctor.

Physician Signature

DEA #

Address & Phone #

Give a detailed summary of the incident in the Statement Section.



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SECTION "C" -- VANDALISM

1. Are you a victim of a vandalism? (Check one) Yes No If No, go to the next Section.

2. If YES, what was vandalized? (Check all that apply).

- Place of Business Vehicle Shed
- Garage Yard Home

Place of Business

3. Where did this happen? (Please use physical address, house number, milepost, etc.)

4. Was the vandalized property covered by insurance?

No Yes If YES, name of your Insurance Company?

5. Estimate of loss-value: \$

Describe the damage that occurred to the property that was vandalized and a detailed summary of the incident in the Statement Section.

SECTION "D" -- FRAUD

1. Are you a victim of Fraud? (Fraud may occur when someone uses your credit/debit card number or bank account # over the internet or in another country to purchase goods or services.)

Yes No If No, go to the next Section.

2. What type of fraud was it? (Check all that apply).

- Credit/Debit Card (National)
- Credit/Debit Card (National) (Internet related)
- Other: (Specify below)

- Credit/Debit Card (International)
- Credit/Debit Card (International) (Internet related)

3. Who is the Credit/Debit Card Company or bank?

4. Was there a business involved? No Yes Name:

Go to Statement Section and write a detailed summary of the circumstances surrounding the incident.



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SECTION "E" -- OTHER

1. If you are not the victim of lost property, theft, vandalism, or fraud, what type of crime are you reporting?

Go to the Statement Section to write a full statement regarding this issue.

VEHICLE INFORMATION SECTION (Complete if a vehicle was involved)

1. If your vehicle was involved, complete the following:

Vehicle #1

License plate number: State Registered: Vehicle Year:

Make: Model: Color:

Vehicle Identification Number (VIN):

2. Are you the registered owner?

Yes No If No, Name & Contact info:

3. What is the Name, Address & Phone # of the Insurance Company insuring this vehicle?

Vehicle #2

License plate number: State Registered: Vehicle Year:

Make: Model: Color:

Vehicle Identification Number (VIN):

4. Are you the registered owner?

Yes No If No, Name & Contact info:

5. What is the Name, Address & Phone # of the Insurance Company insuring this vehicle?



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PROPERTY DESCRIPTION SECTION

Type of Article	Brand/Make	Estimated Value	<input type="checkbox"/> Lost
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Model	Serial Number	Size/Caliber	<input type="checkbox"/> Stolen
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Other descriptive information (color, additional markings, etc.)			<input type="checkbox"/> Damaged
<input type="text"/>			
APSIN/NCIC	Entry Date:	NIC #	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

Type of Article	Brand/Make	Estimated Value	<input type="checkbox"/> Lost
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Model	Serial Number	Size/Caliber	<input type="checkbox"/> Stolen
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Other descriptive information (color, additional markings, etc.)			<input type="checkbox"/> Damaged
<input type="text"/>			
APSIN/NCIC	Entry Date:	NIC #	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

Type of Article	Brand/Make	Estimated Value	<input type="checkbox"/> Lost
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Model	Serial Number	Size/Caliber	<input type="checkbox"/> Stolen
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Other descriptive information (color, additional markings, etc.)			<input type="checkbox"/> Damaged
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Type of Article	Brand/Make	Estimated Value	<input type="checkbox"/> Lost
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Model	Serial Number	Size/Caliber	<input type="checkbox"/> Stolen
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Other descriptive information (color, additional markings, etc.)			<input type="checkbox"/> Damaged
<input type="text"/>			
APSIN/NCIC	Entry Date:	NIC #	
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STATEMENT SECTION

FULL NAME:

ADDRESS:

(Physical address, house number, milepost, etc.)

(City)

(Zip Code)

If you are filling out a hard copy, please print clearly using black or a dark color ink.

Signature:

Date: