

**PORTERVILLE POLICE DEPARTMENT
ONLINE / MAIL-IN REPORT**

1.) Date & Time of Occurrence: _____

2.) Date & Time Reported: _____

3.) Location of Occurrence: _____

4.) Reporting Person: _____ Phone Number: (____) _____

5.) Home Address: _____

6.) Date of Birth: _____ Sex: _____ Occupation: _____

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7.) SUMMARY OF CRIME / INCIDENT

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8.) PROPERTY LOST

<u>Brand/Manufacturer</u>	<u>Description</u>	<u>Serial Number</u>	<u>Value</u>	<u>Quantity</u>
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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9.) Victim's Name (*if different from above*): _____ Phone Number: (____) _____

Home Address: _____

Date of Birth: _____ Sex: _____ Occupation: _____