

**Use of this form is limited to reports of property crime without a known suspect or evidence.**

## Reading Police Department Citizen Crime Report

OCA/Case #: \_\_\_\_\_ - \_\_\_\_\_ (official use only)

UCR CODE: \_\_\_\_\_

RECORDS USE ONLY

Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Current Time: \_\_\_\_\_  AM  PM

**PLEASE PRINT** Your Information:

Last Name: \_\_\_\_\_ First name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ - \_\_\_\_\_

Phone #: Home (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Mobile (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Other (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Sex:  Male  Female Race: \_\_\_\_\_ Ethnicity: \_\_\_\_\_ (Hispanic or Non-Hispanic)

Victim's Age \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Occupation \_\_\_\_\_

Name of Business (if applicable): \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt. \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ - \_\_\_\_\_

Location Where Crime Occurred: Residence:  Business:  School:  Other \_\_\_\_\_

Address: \_\_\_\_\_

Date Crime Occurred: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time Crime Occurred: \_\_\_\_\_  AM  PM

OR

Date/Time Period Crime Occurred: Between \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_\_  AM  PM

and \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_\_  AM  PM

Status/Condition of Property: **NOTE: If loss is in excess of \$1000.00 you must report this crime to an officer by calling 610-655-6116.**

DESCRIPTION: \_\_\_\_\_ Stolen  Damaged

Value: \$ \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Serial Number \_\_\_\_\_

DESCRIPTION: \_\_\_\_\_ Stolen  Damaged

Value: \$ \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Serial Number \_\_\_\_\_

Additional property loss can be placed in the narrative portion on page #2 of this report.

Vehicle Information:

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Type: \_\_\_\_\_ Year: \_\_\_\_\_ Color: \_\_\_\_\_

VIN: \_\_\_\_\_ License #: \_\_\_\_\_ State: \_\_\_\_\_

Insurance Company and Policy #: \_\_\_\_\_

Owner's Name: \_\_\_\_\_  Male  Female

DOB: \_\_\_\_\_ Race: \_\_\_\_\_ Ethnicity: \_\_\_\_\_ (Hispanic or Non-Hispanic)

Address: \_\_\_\_\_

**PLEASE READ WARNING BELOW!**

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**False Reports to Law Enforcement Authorities**

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Please be advised that it is against the law to knowingly give false information or file a false report to law enforcement authorities and the Reading Police Department will prosecute for these crimes.

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Description of What Occurred: (Please attach additional pages if needed)

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**Signature of citizen/person completing this report (type name if submitting via internet)**

**FOR OFFICIAL USE ONLY:**

OCA/CASE #: \_\_\_\_\_ - \_\_\_\_\_

OFFICER RECEIVING REPORT: \_\_\_\_\_

DATE ENTERED INTO DAILY BULLETIN: \_\_\_ / \_\_\_ / \_\_\_\_\_ ENTERED BY: \_\_\_\_\_

DATE ENTERED INTO RMS: \_\_\_ / \_\_\_ / \_\_\_\_\_ ENTERED BY: \_\_\_\_\_

NCIC ENTRY \_\_\_\_\_ Yes \_\_\_\_\_ No

NCIC ENTRY BY: \_\_\_\_\_ DATE: \_\_\_ / \_\_\_ / \_\_\_\_\_

**MAIL or RETURN TO:** Reading Police Dept. 815 Washington Street, Reading, PA 19601-3690