CASE NUMBER:_____

NEOSHO POLICE DEPARTMENT 201 N COLLEGE ST NEOSHO MO 64850 PH: 417-451-8012; FAX 417-451-8008	INCIDENT REPORT SELF – REPORTING FORM

1a. TYPE OF INCIDENT: (CHECK ONE)

☐ GAS DRIVE OFF   ☐ FAIL TO RETURN RENTAL PROPERTY   ☐ CIVIL MATTER   ☐ OTHER:_____

1b. LOCATION OF INCIDENT: (INCLUDE FULL ADDRESS, CITY, STATE, AND ZIP CODE)	1c. TIME OF INCIDENT	
	DATE FROM:	TIME:
	DATE TO:	TIME:
	DATE REPORTED:	TIME:

****SECTION 2 TO BE COMPLETED BY OFFICE PERSONNEL ONLY****

2a. TITLE / OFFENSE(S):	2b. UCR CODE(S):
2c. DISPOSITION: (OPEN, CLOSED, SUSPENDED)	2d. UCR DISPOSITION (CBAA, CBJA, CBEX, SUSP, ACTIVE, UNF) DATE:

3. PERSON INVOLVEMENT ("V" = VICTIM; "RP" = REPORTING PARTY; "W" = WITNESS; "S" = SUSPECT; "O" = OTHER)

3a. INVOLVEMENT	3b. NAME (LAST NAME, FIRST, MIDDLE NAME)								
3c. ADDRESS (ADDRESS, CITY, STATE, ZIP CODE)						3d. PHONE NUMBER			
3e. CITIZENSHIP	3f. RACE	3g. SEX	3h. DATE OF BIRTH (MM/DD/YYYY)		3i. AGE	3j. HEIGHT	3k. WEIGHT	3l. HAIR	3m. EYE
3n. DRIVER'S LICENSE NUMBER		3o. DL STATE	3p. SOCIAL SECURITY NUMBER		3q. NOTES:				

3a. INVOLVEMENT	3b. NAME (LAST NAME, FIRST, MIDDLE NAME)								
3c. ADDRESS (ADDRESS, CITY, STATE, ZIP CODE)						3d. PHONE NUMBER			
3e. CITIZENSHIP	3f. RACE	3g. SEX	3h. DATE OF BIRTH (MM/DD/YYYY)		3i. AGE	3j. HEIGHT	3k. WEIGHT	3l. HAIR	3m. EYE
3n. DRIVER'S LICENSE NUMBER		3o. DL STATE	3p. SOCIAL SECURITY NUMBER		3q. NOTES:				

4. PROPERTY LOSS INFORMATION

4a. ITEM #	4b. QUANTITY	4c. ARTICLE	4d. BRAND	4e. MODEL	4f. SERIAL NUMBER
4g. DESCRIPTION				4h. VALUE (IN WHOLE DOLLARS)	4i. LOSS TYPE (CHECK ONE) ☐ LOST ☐ STOLEN ☐ DAMAGED ☐ FOUND
4j. OWNER			4k. OWNER ADDRESS (ADDRESS, CITY, STATE, ZIP CODE)		

4a. ITEM #	4b. QUANTITY	4c. ARTICLE	4d. BRAND	4e. MODEL	4f. SERIAL NUMBER
4g. DESCRIPTION				4h. VALUE (IN WHOLE DOLLARS)	4i. LOSS TYPE (CHECK ONE) ☐ LOST ☐ STOLEN ☐ DAMAGED ☐ FOUND
4j. OWNER			4k. OWNER ADDRESS (ADDRESS, CITY, STATE, ZIP CODE)		

ADDITIONAL REPORTING INFORMATION ON BACK – TURN OVER AND COMPLETE FOLLOWING SECTIONS
FAILURE TO WRITE LEGIBLY MAY CAUSE YOU TO COMPLETE A NEW REPORT FOR THE FILE.

5. FAILURE TO RETURN RENTAL PROPERTY – CHECK LIST / SPECIFIC INFORMATION

NOTE: FAILURE TO HAVE THE CORRECT DOCUMENTATION WILL DELAY REPORT UNTIL THESE ARE AVAILABLE TO THE POLICE DEPARTMENT. NO ACTION WILL BE TAKEN UNTIL THAT TIME. IF ADDITIONAL PROPERTY, PERSON INVOLVEMENT, AND / OR NARRATIVE SHEETS ARE NEEDED, ASK OFFICER BEFORE HE/SHE LEAVES TO ENSURE PROMPT REPORTING.

(CIRCLE ONE)

5a. Copy of original contract attached to report?	Yes / No	INITIAL:_____
5b. Copy of ten day letter and result (Must have been sent to contract address)	Yes / No	INITIAL:_____
5c. Identified the actual loss to business for each item, not contract loss?	Yes / No	INITIAL:_____
5d. Provided a statement below identifying the specifics of this case?	Yes / No	INITIAL:_____

5e. DATE OF CONTRACT	5f. DATE OF 10-DAY LETTER	5g. SIGNATURE OF EMPLOYEE COMPLETING REPORT
		DATE:

6. GAS DRIVE OFF – CHECK LIST / SPECIFIC INFORMATION

NOTE: FAILURE TO HAVE THE CORRECT DOCUMENTATION WILL DELAY REPORT UNTIL THESE ARE AVAILABLE TO THE POLICE DEPARTMENT. NO ACTION WILL BE TAKEN UNTIL THAT TIME. IF ADDITIONAL PROPERTY, PERSON INVOLVEMENT, AND / OR NARRATIVE SHEETS ARE NEEDED, ASK OFFICER BEFORE HE/SHE LEAVES TO ENSURE PROMPT REPORTING.

(CIRCLE ONE)

6a. Copy of receipt of property loss attached to report?	Yes / No	INITIAL:_____
6b. Copy of Surveillance Video if available attached to report?	Yes / No	INITIAL:_____
6c. Description of person(s) and / or vehicle(s) documented in narrative?	Yes / No	INITIAL:_____
6d. Property loss accurately identified in property sections of report?	Yes / No	INITIAL:_____
6e. Are you willing to pursue a criminal complaint?	Yes / No	INITIAL:_____

6f. DESCRIPTION OF VEHICLE	6g. VEHICLE YEAR	6i. VEHICLE MODEL	6l. LICENSE PLATE NUMBER
	6h. VEHICLE MAKE	6K. VEHICLE COLOR	

6m. SIGNATURE OF EMPLOYEE COMPLETING REPORT
DATE:

7. NARRATIVE

7a. SIGNATURE OF PERSON COMPETING STATEMENT	7b. DATE	7c. REPORTING OFFICER	7d. DATE	7f. SUPERVISOR APPROVAL	7g. DATE

CASE NUMBER:_____

| NEOSHO POLICE DEPARTMENT
201 N COLLEGE ST
NEOSHO MO 64850
PH: 417-451-8012; FAX 417-451-8008 | INCIDENT REPORT
SELF – REPORTING FORM
SUPPLEMENTAL NARRAIVE PAGE |

7. NARRATIVE

| 7a. SIGNATURE OF PERSON COMPETING STATEMENT   7b. DATE | 7c. REPORTING OFFICER | 7d. DATE | 7f. SUPERVISOR APPROVAL | 7g. DATE |

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NEOSHO POLICE DEPARTMENT 201 N COLLEGE ST NEOSHO MO 64850 PH: 417-451-8012; FAX 417-451-8008	INCIDENT REPORT SELF – REPORTING FORM SUPPLEMENTAL PERSON INVOLVEMENT PAGE

3. PERSON INVOLVEMENT ("V" = VICTIM; "RP" = REPORTING PARTY; "W" = WITNESS; "S" = SUSPECT; "O " = OTHER)

3a. INVOLVEMENT	3b. NAME (LAST NAME, FIRST, MIDDLE NAME)								
3c. ADDRESS (ADDRESS, CITY, STATE, ZIP CODE)						3d. PHONE NUMBER			
3e. CITIZENSHIP	3f. RACE	3g. SEX	3h. DATE OF BIRTH (MM/DD/YYYY)		3i. AGE	3j. HEIGHT	3k. WEIGHT	3l. HAIR	3m. EYE
3n. DRIVER'S LICENSE NUMBER		3o. DL STATE	3p. SOCIAL SECURITY NUMBER	3q. NOTES:					

3a. INVOLVEMENT	3b. NAME (LAST NAME, FIRST, MIDDLE NAME)								
3c. ADDRESS (ADDRESS, CITY, STATE, ZIP CODE)						3d. PHONE NUMBER			
3e. CITIZENSHIP	3f. RACE	3g. SEX	3h. DATE OF BIRTH (MM/DD/YYYY)		3i. AGE	3j. HEIGHT	3k. WEIGHT	3l. HAIR	3m. EYE
3n. DRIVER'S LICENSE NUMBER		3o. DL STATE	3p. SOCIAL SECURITY NUMBER	3q. NOTES:					

3a. INVOLVEMENT	3b. NAME (LAST NAME, FIRST, MIDDLE NAME)								
3c. ADDRESS (ADDRESS, CITY, STATE, ZIP CODE)						3d. PHONE NUMBER			
3e. CITIZENSHIP	3f. RACE	3g. SEX	3h. DATE OF BIRTH (MM/DD/YYYY)		3i. AGE	3j. HEIGHT	3k. WEIGHT	3l. HAIR	3m. EYE
3n. DRIVER'S LICENSE NUMBER		3o. DL STATE	3p. SOCIAL SECURITY NUMBER	3q. NOTES:					

3a. INVOLVEMENT	3b. NAME (LAST NAME, FIRST, MIDDLE NAME)								
3c. ADDRESS (ADDRESS, CITY, STATE, ZIP CODE)						3d. PHONE NUMBER			
3e. CITIZENSHIP	3f. RACE	3g. SEX	3h. DATE OF BIRTH (MM/DD/YYYY)		3i. AGE	3j. HEIGHT	3k. WEIGHT	3l. HAIR	3m. EYE
3n. DRIVER'S LICENSE NUMBER		3o. DL STATE	3p. SOCIAL SECURITY NUMBER	3q. NOTES:					

3a. INVOLVEMENT	3b. NAME (LAST NAME, FIRST, MIDDLE NAME)								
3c. ADDRESS (ADDRESS, CITY, STATE, ZIP CODE)						3d. PHONE NUMBER			
3e. CITIZENSHIP	3f. RACE	3g. SEX	3h. DATE OF BIRTH (MM/DD/YYYY)		3i. AGE	3j. HEIGHT	3k. WEIGHT	3l. HAIR	3m. EYE
3n. DRIVER'S LICENSE NUMBER		3o. DL STATE	3p. SOCIAL SECURITY NUMBER	3q. NOTES:					

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NEOSHO POLICE DEPARTMENT 201 N COLLEGE ST NEOSHO MO 64850 PH: 417-451-8012; FAX 417-451-8008	INCIDENT REPORT SELF – REPORTING FORM SUPPLEMENTAL PROPERTY LOSS PAGE

4. PROPERTY LOSS INFORMATION

4a. ITEM #	4b. QUANTITY	4c. ARTICLE	4d. BRAND	4e. MODEL	4f. SERIAL NUMBER

4g. DESCRIPTION	4h. VALUE (IN WHOLE DOLLARS)	4i. LOSS TYPE (CHECK ONE) ☐ LOST ☐ STOLEN ☐ DAMAGED ☐ FOUND

4j. OWNER   4k. OWNER ADDRESS (ADDRESS, CITY, STATE, ZIP CODE)

4a. ITEM #	4b. QUANTITY	4c. ARTICLE	4d. BRAND	4e. MODEL	4f. SERIAL NUMBER

4g. DESCRIPTION	4h. VALUE (IN WHOLE DOLLARS)	4i. LOSS TYPE (CHECK ONE) ☐ LOST ☐ STOLEN ☐ DAMAGED ☐ FOUND

4j. OWNER   4k. OWNER ADDRESS (ADDRESS, CITY, STATE, ZIP CODE)

4a. ITEM #	4b. QUANTITY	4c. ARTICLE	4d. BRAND	4e. MODEL	4f. SERIAL NUMBER

4g. DESCRIPTION	4h. VALUE (IN WHOLE DOLLARS)	4i. LOSS TYPE (CHECK ONE) ☐ LOST ☐ STOLEN ☐ DAMAGED ☐ FOUND

4j. OWNER   4k. OWNER ADDRESS (ADDRESS, CITY, STATE, ZIP CODE)

4a. ITEM #	4b. QUANTITY	4c. ARTICLE	4d. BRAND	4e. MODEL	4f. SERIAL NUMBER

4g. DESCRIPTION	4h. VALUE (IN WHOLE DOLLARS)	4i. LOSS TYPE (CHECK ONE) ☐ LOST ☐ STOLEN ☐ DAMAGED ☐ FOUND

4j. OWNER   4k. OWNER ADDRESS (ADDRESS, CITY, STATE, ZIP CODE)

4a. ITEM #	4b. QUANTITY	4c. ARTICLE	4d. BRAND	4e. MODEL	4f. SERIAL NUMBER

4g. DESCRIPTION	4h. VALUE (IN WHOLE DOLLARS)	4i. LOSS TYPE (CHECK ONE) ☐ LOST ☐ STOLEN ☐ DAMAGED ☐ FOUND

4j. OWNER   4k. OWNER ADDRESS (ADDRESS, CITY, STATE, ZIP CODE)

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4j. OWNER   4k. OWNER ADDRESS (ADDRESS, CITY, STATE, ZIP CODE)

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