



"...meeting community needs...enhancing quality of life."

Dear Citizen:

Thank you for participating in the Appleton Police Department's self-reporting program. Being the victim of any crime is an unpleasant experience. By allowing the Appleton Police Department to respond to your loss in this manner, our patrol officers will be better able to focus their efforts on crime prevention endeavors and those calls for service which require on scene response.

Enclosed you will find a mail report form. This is an official form documenting the facts surrounding the crime/incident you are reporting. You can help us in our efforts by completing and returning this report within 10 days. Completion of this report by you will assist our department in determining patterns of similar crimes/incidents in your neighborhood and may provide valuable investigative information. In the event you need to report the incident for insurance purposes, this report, when filed with us, will adequately document your loss. If you do not return this report, there will be no official police report on file.

Completed forms may be returned to our department using one of the following methods:

By Mail: Appleton Police Department
222 S. Walnut Street
Appleton, WI 54911-5899

By Email: Send form to webapd@appleton.org

Note: A signature is required on email submissions. Either sign the form using a digital signature or print the completed form, sign, and scan the signed copy for email submission.

Your participation in this program is appreciated.

DIRECTIONS FOR COMPLETING CITIZEN SELF-REPORTING FORM

INSTRUCTIONS: This is a law enforcement document that will become the official police report for this incident. If you do not return this report, there will be no official police report on file. Please note that **YOU MUST INCLUDE YOUR FULL NAME AND DATE OF BIRTH** for the report to be officially filed.

We will be more able to follow-up on your case if you provide us with as much information as possible. These directions are provided to assist you in completing the attached form.

SECTION 1

This section must be completed in order for us to properly record the incident.

If you are not sure of the specific time of the incident, record the range of time during which the incident occurred. Your home address and phone number is important if there is a need for us to re-contact you.

SECTION 2

If the property involved is owned by a business or someone other than you, list that information here. If you own the property involved, simply write “**SAME**” in the Property Owner’s Name box in this section.

SECTION 3 & SECTION 4

Use the Appropriate section to identify any vehicles or bicycles involved in this incident.

SECTION 5

Use this section to identify any property which was stolen, lost or damaged. Be as specific and complete as possible, being sure to indicate anything which will separate your property from someone else’s. Please identify your insurance company in the space provided. *Refer to the example in shaded area of Section 5.*

SECTION 6

This section must be completed in order for us to properly record your complaint. Please offer as much information as you can so we can understand what happened. When you complete this section, be sure to read the two statements at the bottom of the page, print your name, sign and date your report, and mail your report to the Appleton Police Department. A self-addressed envelope is provided for your convenience.

APPLETON POLICE DEPARTMENT
CITIZEN SELF-REPORTING FORM

DO NOT WRITE IN SHADED AREAS

Offense/ISC Code	PCT#/REC#	Date	Incident Number
	/	/ /	

Type or Print Information Requested Below Using BLACK INK

SECTION 1 – MUST BE COMPLETED

Date(s) & Time(s) incident occurred: FROM: ___ / ___ / ___ @ _____ AM PM
 TO: ___ / ___ / ___ @ _____ AM PM

Address where incident OCCURRED (if the incident did not occur at a specific address, list the block of, or nearest intersection): _____

The following information is regarding YOU (the person completing this report)

Last name: _____ **First name:** _____ **Middle:** _____
Sex: _____ **Race:** _____ **Date of Birth:** ___ / ___ / ___
Address: _____ **Home phone #:** _____
 _____ **Work phone #:** _____
Driver's License #: _____ **Social Security #:** _____

SECTION 2 – BUSINESS /PROPERTY OWNER (Complete if applicable)

Business name or Property Owner's name: _____
Sex: _____ **Race:** _____ **Date of Birth:** ___ / ___ / ___ **Social security #:** _____
Address: _____ **Home phone #** _____
 _____ **Work phone #:** _____
Driver's License #: _____

INCIDENT NUMBER _____

SECTION 3 – VEHICLE INFORMATION (Complete if applicable)

License # _____ State: _____ Expiration Month/Year: _____ / _____

Vehicle type (auto, truck, etc.): _____, Color(s) (Top/Bottom): _____ / _____

Year: _____ Make: _____ Model: _____ Body style: _____

Vehicle Identification (VIN#): _____

Insurance company: _____ Damage estimate: _____

SECTION 4 – BICYCLE INFORMATION (Complete if applicable)

(Select one): **Damaged** **Stolen** (Select one): **Boys** **Girls** Color: _____

License #: _____ Make: _____ Model: _____

Serial #: _____ Speed: _____ Wheel size: _____

Damage estimate/value: _____ Insurance company: _____

SECTION 5 – PROPERTY INFORMATION (Complete if applicable)

STOLEN, LOST AND/OR DAMAGED PROPERTY

List all available information – Attach additional pages if necessary.

Status Box Codes: S = Stolen, L = Lost, D = Damaged

Status	How Many	Type of Property	Brand Name	Serial Number	Other Markings	Value
S	1	Stereo – car	Sony	123456	Model #7890	\$250

Insurance Company: _____

INCIDENT NUMBER _____

SECTION 6 – MUST BE COMPLETED.

*****PLEASE PRINT CLEARLY*****

[Empty rectangular area for text entry]

INCIDENT NUMBER

Providing FALSE INFORMATION, Pursuant to § 946.41(2m)(a), Wis. Statutes is a FELONY

I, THE COMPLAINANT AND/OR REPORTING PERSON, DID NOT GIVE ANYONE PERMISSION TO COMMIT THIS CRIME AGAINST MY PERSON OR PROPERTY.

TRUE FALSE

Print Full Name:	Signature:	Date:
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