INSTRUCTIONS – DO NOT FILL IN SHADED AREAS ON FORM:

FILL OUT ALL HIGHLIGHTED AREAS

1. **LOCATION OF OCCURRENCE**: Fill in location where crime occurred. This must be an exact address.

2. **VICTIM BUSINESS NAME**: Use only if the business is the victim.

3. **VICTIM/REPORTING PARTY INFORMATION**: Fill in ALL information for the victim or reporting party. *NOTE*: The reporting party is the person filling out the report for a business. ALL of the information is required.

4. **VEHICLE INFORMATION**: Fill in the vehicle information only if a vehicle was involved in the incident. This would be if any vandalism occurred to the vehicle or the lost property is from the vehicle.

5. **LOST PROPERTY**: List the date and time the property was last seen, the date and time it was discovered missing and the location where it was last seen. All questions must be answered completely for a case number to be assigned. Fill in this area **ONLY** if you are reporting lost property.

6. **VANDALISM**: List the date and time the property was last seen without any damage, the date and time the damage was discovered, where the incident occurred and a complete description of the damage. All questions must be answered completely for a case number to be assigned. Fill in this area **ONLY** if you are reporting vandalism.

7. **FACTS**: Give a brief statement of what occurred. Do not list any type of suspect information in this section. If a suspect is seen or is known in the case of vandalism, contact the Desk Officer by phone or in person for a report to be taken.

8. **PROPERTY LOSS**: List all lost property in this area. This would include the quantity taken, a full description of the missing property, the make and model and serial number if known. Do not list damage to a vehicle or property from vandalism. If additional space is needed, write the information on a separate piece of paper and attach to this report.

9. **CELLULAR PHONE INFORMATION**: If the lost property involved a cellular phone, list the cell phone provider (i.e. Verizon, Pacific Bell Wireless, etc.) and the cell phone number.

10. **SIGNATURE**: The person filling out the report **MUST** sign the form and list the date and time. No report will be accepted without the signature.

ORANGE POLICE DEPARTMENT
COUNTER INCIDENT REPORT

The City of Orange Police Department has instituted a policy for reports where the following criteria exists:

A. If lost property:

1. If item(s) lost consists of a form of identification (INS card or passport) photo identification must be provided with the report. This does not include check ID cards. A copy of the photo identification will be placed with the original report.

B. If a vandalism:

1. Does not involve graffiti

Attached is/are the form(s) you will need to complete to obtain a case number. On the back of this information sheet are instructions to assist in filling out the form. **ALL HIGHLIGHTED AREAS MUST** be completed to the satisfaction of the Desk Officer before a case number will be assigned. Please print or type report.

On the back of the report an area is provided for a signature. **NO REPORT WILL BE ACCEPTED WITHOUT A SIGNATURE.** If there are any questions, please contact the Desk Officer at 1107 N. Batavia, Orange, CA 92867 or call (714) 744-7416, Monday through Saturday from 8:00 a.m. until 5:00 p.m.

COUNTER INCIDENT REPORT

ATTENTION: UNLAWFUL DISEMINATION OF THIS RESTRICTED INFORMATION IS PROHIBITED. ANY VIOLATION WILL SUBJECT THE OFFENDER TO CRIMINAL AND CIVIL LIABILITY UNDER CALIFORNIA STATE LAWS AND STATUTES.

LOST PROPERTY ☐ LOST LICENSE PLATE(S) ☐ VANDALISM ☐	PLATES MISSING: ☐ 1 ☐ 2 ☐ FRONT ☐ REAR ☐ BOTH	CLASS	RD	EVENT#	DR#:

DATE OF OCCURRENCE BEGINNING: _____ END: _____	TIME OF OCCURRENCE CODE: _____ BEGINNING: _____ END: _____	DAY OF WEEK CODE: _____ BEGINNING: _____ END: _____

LOCATION OF OCCURRENCE (*COMPLETE ADDRESS REQUIRED*):	**VICTIM BUSINESS** (*use ONLY if business is victim*):

VICTIMS/REPORTING PARTY INFORMATION (*Reporting Party if victim is a business*):

VICTIM / REPORTING PARTY NAME (Last, First Middle)			DATE OF BIRTH	SEX ☐ MALE ☐ FEMALE	RACE
RESIDENCE ADDRESS:	CITY	STATE	ZIP CODE	PHONE: ☐ DAY ☐ NIGHT	
EMPLOYER NAME/ADDRESS:	CITY	STATE	ZIP CODE	PHONE: ☐ DAY ☐ NIGHT	

VICTIM VEHICLE (*use only if vandalism occurred to vehicle OR if reporting a lost license plate*)

YEAR	MAKE	MODEL	BODY STYLE	COLOR	LICENSE NUMBER	STATE

LOST PROPERTY:

1. Date and Time item(s) was last seen? _____
2. Date and Time item(s) was discovered missing? _____
3. Last place item(s) was seen (*i.e. parking lot, inside car, inside garage, etc.*)? _____

VANDALISM:

1. Date and Time item(s) was last seen without any damage? _____
2. Date and Time item(s) was discovered with damage? _____
3. Where did incident occur (*i.e. driveway, carport, residence, etc.*)? _____
4. Describe damage (*be precise*): _____

_____

_____

_____

OFFICER NAME/ID:	DATE/TIME	SUPERVISOR APPROVAL:	DATE/TIME

FOR RECORDS BUREAU ONLY: ☐ DETECTIVES ☐ GANGS ☐ STATISTICS ☐ CRIME PREVENTION ☐ OTHER:

PROCESSED BY: _____ PROOFREAD BY: _____

COUNTER INCIDENT REPORT

DR#

FACTS – Write a brief statement of what occurred. (*Do not list any type of suspect information in this section*)

PROPERTY LOSS (*to be used only in LOST PROPERTY reports*):

ITEM #	QTY	CODE	DESCRIPTION/MODEL	BRAND OR MAKE	SERIAL NUMBER	TYPE	GUN C/T	CAL	VALUE $	NCIC IN	NCIC OUT
1.											
2.											
3.											
4.											
5.											
6.											
7.											
8.											
9.											
10.											

IF LOSS INVOLVED A CELLULAR PHONE, ANSWER THE BELOW:

CELLULAR SERVICE PROVIDED THROUGH: _____

PHONE NUMBER ON MISSING PHONE: *include area code* _____

I CERTIFY UNDER PENALTY OF PERJURY THAT THE ABOVE IS TRUE AND ACCURATE.

_____ _____

Signature of person making report Date/Time