

CITIZEN REPORT FORM
 AGENCY ORI NUMBER FL0420100

OCALA POLICE DEPARTMENT

INCIDENT NUMBER



PLEASE SUPPLY THE FOLLOWING INFORMATION COMPLETELY, ACCURATELY AND LEGIBLY IN ORDER TO HAVE YOUR INCIDENT PROCESSED.

REPORT DATE	DATE OF INCIDENT	TIME OF INCIDENT	AM PM	CRIME CODE	INCIDENT LOCATION				
VICTIM'S NAME (PERSON OR BUSINESS) LAST, FIRST, MIDDLE			ADDRESS (NUMBER AND STREET)			CITY	STATE	ZIP CODE	PHONE NUMBER
REPORTING PERSON'S NAME (LAST, FIRST, MIDDLE)		RACE	SEX	DOB	HOME ADDRESS (NUMBER AND STREET)	CITY	STATE	ZIP CODE	PHONE NUMBER
STOLEN PROPERTY	QUANTITY	VALUE	VEHICLE DESCRIPTION				TAG	STATE	
SUSPECT DESCRIPTION:	RACE	SEX	HGT	WGT	AGE	WEARING			
SUSPECT DESCRIPTION:	RACE	SEX	HGT	WGT	AGE	WEARING			
DESCRIBE FULLY WHAT OCCURED:									
CERTIFY THE ABOVE TO BE TRUE AND CORRECT					TO BE COMPLETED BY OCALA POLICE DEPARTMENT PERSONNEL				
VICTIM OR REPORTER'S SIGNATURE:			DATE	NAME AND EMPLOYEE NUMBER			DATE	F.S.S.	

INSTRUCTIONS:
 1. Complete form using example provided below. DO NOT WRITE IN SHADED AREAS.
 2. Fold form following instructions on back.
 3. Place postage on form in the appropriate location and mail.

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6-15-00	6-15-00	6:00	AM PM	CRIME CODE	222 E. 2nd Street				
The Best Convenience Store			222 E. 2nd Street			Ocala	FL	34470	555-1234
Smith, Nancy L.		W	F	1/12/70	333 S. 3rd Street	Ocala	FL	34470	555-6789
gasoline	6.5 gl	\$10.40	dark green Ford truck				445DFG	FL	
SUSPECT DESCRIPTION:	W	M	6'	200	30	jeans, white T-shirt, tennis shoes, baseball cap			
SUSPECT DESCRIPTION:	RACE	SEX	HGT	WGT	AGE	WEARING			
Dark green Ford truck pulled up to gas pumps. Then got out and pumped gas, then left without paying. Truck turned left onto 2nd Street when pulling out of parking lot.									
CERTIFY THE ABOVE TO BE TRUE AND CORRECT					TO BE COMPLETED BY OCALA POLICE DEPARTMENT PERSONNEL				
(affix legal signature)			DATE	NAME AND EMPLOYEE NUMBER			DATE	F.S.S.	

PLEASE PRINT THE FOLLOWING INFORMATION COMPLETELY, ACCURATELY, AND LEGIBLY IN ORDER TO HAVE YOUR INCIDENT PROCESSED

INSTRUCTIONS
FOLD OVER TOP AND BOTTOM SECTIONS
SEAL AND PLACE A STAMP IN THE SPACE PROVIDED
ENTER NAME AND ADDRESS IN RETURN ADDRESS SPACE
PLACE IN MAIL

(FOLD OVER)

RETURN ADDRESS

STAMP

OCALA POLICE DEPARTMENT
402 SOUTH PINE AVE.
OCALA, FLORIDA 34471

ATTN:

(FOLD OVER)