

C A S E #	Case Number	Refer Case Number	Classification																																																																																																																											
	<div>BEAVERTON POLICE DEPARTMENT COMMUNITY CRIME REPORT</div> <div>INSTRUCTIONS: This is an official Beaverton Police Dept. document that will become an official police report for this crime. If you have insurance coverage, this form will assist you in filing a claim. For helpful hints in filling out this form, refer to the accompanying "sample" form. Please note that you must include your FULL NAME and BIRTHDATE for the report to be officially filed.</div>																																																																																																																													
COPIES <input type="checkbox"/> CA <input type="checkbox"/> CODE ENF. <input type="checkbox"/> CRIME ANALYS <input type="checkbox"/> CRIME PREV. <input type="checkbox"/> CSD <input type="checkbox"/> DA <input type="checkbox"/> DET <input type="checkbox"/> DIST CT <input type="checkbox"/> CODE ENF. <input type="checkbox"/> IGET <input type="checkbox"/> JUV <input type="checkbox"/> MUNI CT <input type="checkbox"/> PIO <input type="checkbox"/> PROPERTY <input type="checkbox"/> TRF <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<div>Do Not Write In Shaded AreasType Or Print Using Blue Or Black Ink</div> <table><tr><td>Today's Date</td><td>Time Now<input type="checkbox"/> AM <input type="checkbox"/> PM</td><td>Date(s) Crime Occured</td><td>Time(s) Crime Occured<input type="checkbox"/> AM <input type="checkbox"/> PM</td><td>Type Act (M)</td></tr><tr><td colspan="3">Address where crime occurred. If the crime did not occur at a specific address, list the block or nearest street intersection.</td><td colspan="2">Type of Location: <input type="checkbox"/> Street <input type="checkbox"/> Driveway <input type="checkbox"/> Parking Lot <input type="checkbox"/> Other</td></tr><tr><td colspan="2">Your Last Name</td><td>First Name</td><td>Middle</td><td>CRN</td><td>Sex</td><td>Race (optional)</td><td>Birthdate Month/Day/Year</td></tr><tr><td colspan="2">Your Address Number</td><td colspan="4">Street Name</td><td colspan="2">Home Phone Number</td></tr><tr><td colspan="2">Work Address</td><td colspan="4"></td><td colspan="2">Work Phone Number</td></tr><tr><td colspan="2">Business Name or Property Owners Name</td><td colspan="2">CRN</td><td>Sex</td><td>Race (optional)</td><td colspan="2">Birthdate Month/Day/Year</td></tr><tr><td colspan="2">Home Address Number</td><td colspan="2">Street Name</td><td>City</td><td>State</td><td>Zip</td><td>Home Phone Number</td></tr><tr><td colspan="2">Business Address</td><td colspan="4"></td><td colspan="2">Work Phone Number</td></tr><tr><td colspan="2">Your Vehicle License Number</td><td>State</td><td>License/YR</td><td>Type</td><td colspan="3">VIN</td></tr><tr><td>Vehicle Year</td><td>Vehicle Make</td><td>Model</td><td>Body Style</td><td colspan="4">Colors: Top/Body</td></tr><tr><td colspan="8"><div>CRIME INFORMATION</div><div>Briefly describe crime ~ attach additional pages if necessary</div></td></tr><tr><td colspan="8"></td></tr><tr><td colspan="8"></td></tr><tr><td colspan="8"></td></tr><tr><td colspan="8"></td></tr><tr><td colspan="8"></td></tr></table>				Today's Date	Time Now <input type="checkbox"/> AM <input type="checkbox"/> PM	Date(s) Crime Occured	Time(s) Crime Occured <input type="checkbox"/> AM <input type="checkbox"/> PM	Type Act (M)	Address where crime occurred. If the crime did not occur at a specific address, list the block or nearest street intersection.			Type of Location: <input type="checkbox"/> Street <input type="checkbox"/> Driveway <input type="checkbox"/> Parking Lot <input type="checkbox"/> Other		Your Last Name		First Name	Middle	CRN	Sex	Race (optional)	Birthdate Month/Day/Year	Your Address Number		Street Name				Home Phone Number		Work Address						Work Phone Number		Business Name or Property Owners Name		CRN		Sex	Race (optional)	Birthdate Month/Day/Year		Home Address Number		Street Name		City	State	Zip	Home Phone Number	Business Address						Work Phone Number		Your Vehicle License Number		State	License/YR	Type	VIN			Vehicle Year	Vehicle Make	Model	Body Style	Colors: Top/Body				<div>CRIME INFORMATION</div> <div>Briefly describe crime ~ attach additional pages if necessary</div>																																															
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Your Signature		Mail To: Beaverton Police Dept. P.O. Box 4755 Beaverton, OR 97076 - 4755		Officer Signature PREC/DIV RLF/SHFT ASSN		DPSST# Date																																																																																																																								

0 Check One **S** - Stolen **D** - Damaged

STOLEN AND DAMAGED PROPERTY

[illegible]

If needed attach additional pages