

For Departmental Use Only TF-862-1 (10/05)

**CITIZEN CRIME REPORT
Oakland Police Department
455 Seventh Street, Room 306
Oakland CA 94607-3985**

Assign To	Police Beat	CP Beat	RD No.
Crime (Section-Subsection Code)	Classification		

Is this Report for Insurance Purposes Only? Yes No

Please **type or print in non-erasable black ink**. When this form is completed, it will serve as an Oakland Police Crime Report which will document the incident and assist in its investigation.

If a **written** report has already been made, please check the **SUPPLEMENTAL** box on the **Citizen Additional/Supplemental Information** form. It is recommended that you make a copy of this form before mailing.

LAST Name		First	Middle	Race	Sex	Date of Birth (Mo/Day/Yr)
Residence			City <input type="checkbox"/> Oakland	Zip	Res. Phone ()	
Business			City <input type="checkbox"/> Oakland	Zip	Bus. Phone ()	
Do you know who is responsible? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, Name		Address/School		City/State
Race	Sex	Age	Physical Description (Height, Weight, Hair Color, Scars, Tattoos, etc.)			
Date of Incident		Day	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Address or Location Where Incident Occurred		
Vehicle Involved <input type="checkbox"/> Suspect's <input type="checkbox"/> Victim's	Yr.	Make	Model	Color	License No.	I State
				Method of Entry <input type="checkbox"/> Forced <input type="checkbox"/> Attempt <input type="checkbox"/> No Force		Point of Entry <input type="checkbox"/> Door <input type="checkbox"/> Roof <input type="checkbox"/> Window
Brief Summary of Incident						

Describe What Was: Stolen Damaged Lost

Article	How Many	Model and Number	Serial Number *	Color	Value
1.					
2.					
3.					
4.					

***NOTE: It is VERY important to give the serial number of each item listed above.
IT IS A MISDEMEANOR TO MAKE A FALSE REPORT OF A CRIME (Sec. 148.5 Calif. Penal Code)**

Signature	Date (Month/Day/Year)
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Loss	Reporting Person	Investigator's Name	Serial No.
Approving Supervisor		Clearance	Date Filed