

POLICE INCIDENT / CITIZEN SELF-REPORT

CAD NUMBER

BRENHAM POLICE DEPARTMENT
 P.O. Box 682 Brenham, TX 77834
 979-337-7337 Fax 979-337-7343

CASE REPORT NUMBER

PAGE of

This report is being provided to you to report certain crimes and/or incidents. Each report requires a written statement from you. This report may be used to begin an investigation, document information, or for insurance purposes. Once completed, return to the Brenham Police Dept. within 5 days. Upon receipt it will be reviewed and an official case number assigned. Please include documents, photos, videos or recordings that support your claim. In the event charges are filed by the prosecutor, the court will notify you when and where to appear. Crimes/incidents reported on this form must have occurred within the city limits of Brenham, Texas.

INCIDENT	TYPE OF INCIDENT / OFFENSE			FELONY/MISD	DEGREE	<input type="checkbox"/> CITIZEN SELF-REPORT	<input type="checkbox"/> POLICE OFFICER'S INCIDENT REPORT ONLY			
	LOCATION / DESCRIPTION				DISTRICT		BUSINESS NAME			
	DATE AND TIME REPORTED / /			OCCURRED (DAY(S) OF WEEK) ON/BETWEEN /		DATES / /		TIMES / /		
REPORTER / VICTIM	NAME (LAST, FIRST, MIDDLE)					DOB	RACE	SEX	AGE	
	RESIDENCE ADDRESS				CITY		ZIP	RESIDENCE PHONE		
	BUSINESS ADDRESS				CITY		ZIP	BUSINESS PHONE		
	EMAIL ADDRESS				D.L. or I.D. NUMBER		STATE	CELL PHONE		
VEHICLE	YEAR	MAKE	MODEL	BODY STYLE	COLORS	LICENSE	STATE			
	<input type="checkbox"/> VICTIM'S <input type="checkbox"/> SUSPECT'S <input type="checkbox"/> RECOVERED VALUE _____ VIN NUMBER _____									
OTHER PERSON(S)	W-Witness	S	Suspect	O-Other	Other	(Describe)				
		SUSPECT, WITNESS, or OTHER (Describe)	NAME (LAST, FIRST, MIDDLE)				DOB	RACE	SEX	AGE
		RESIDENCE ADDRESS				CITY		ZIP	RESIDENCE PHONE	
		BUSINESS ADDRESS				CITY		ZIP	BUSINESS PHONE	
	EMAIL ADDRESS				D.L. or SOCIAL SEC. #		STATE	CELL PHONE		
	S	Suspect	O-Other	Other	(Describe)					
	SUSPECT, WITNESS, or OTHER (Describe)	NAME (LAST, FIRST, MIDDLE)				DOB	RACE	SEX	AGE	
	RESIDENCE ADDRESS				CITY		ZIP	RESIDENCE PHONE		
	BUSINESS ADDRESS				CITY		ZIP	BUSINESS PHONE		
	EMAIL ADDRESS				D.L. or SOCIAL SEC. #		STATE	CELL PHONE		
	S	Suspect	O-Other	Other	(Describe)					
	SUSPECT, WITNESS, or OTHER (Describe)	NAME (LAST, FIRST, MIDDLE)				DOB	RACE	SEX	AGE	
RESIDENCE ADDRESS				CITY		ZIP	RESIDENCE PHONE			
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EMAIL ADDRESS				D.L. or SOCIAL SEC. #		STATE	CELL PHONE			
S	Suspect	O-Other	Other	(Describe)						
SUSPECT, WITNESS, or OTHER (Describe)	NAME (LAST, FIRST, MIDDLE)				DOB	RACE	SEX	AGE		
RESIDENCE ADDRESS				CITY		ZIP	RESIDENCE PHONE			
BUSINESS ADDRESS				CITY		ZIP	BUSINESS PHONE			
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