INSTRUCTIONS

This form is for non-emergency use only. If you have an emergency, immediately call 911.

This form should be completed and returned to the Mills Police Department for all incidents that don’t immediately require an officer to respond.

Fill out this form completely, and with as much information as you have.

Be as detailed as possible.

If you are reporting an incident for the first time, leave the spot marked CS# blank. That number is the case number that will be assigned by the police department after the report is received.

If you are adding information to incident that has already been reported, make sure you enter the case number in the spot marked CS#.

Please forward any attachments you might have, including any documentation and photographs. If you have video of the incident, please note that in the section provided.

Make sure to mark if you would like police contact, or if this report is sufficient for reporting purposes.

If an officer with the Mills Police Department contacts you, we will be required to identify ourselves.

This form is not to be used to submit tips. If you have a tips you would like to submit, please submit that tip the crimestoppers.

An example of the types of incidents that can be reported using this form include:

|  |  |
| --- | --- |
| Animal Problem | Animal problem; barking dogs, animals at large, dog bites or dead animals.  |
| Auto Burglary | When property is stolen from inside of a motor vehicle. |
| Civil Matters | Issues of a non-criminal nature which need documentation for possible civil court action at a later date. Custody or visitation issues, disputes over money owed to another or property issues resulting from a divorce etc. Possibly landlord/tenant issues. |
| Disturbance | Use of threatening, abusive, obscene language, or violent acts to disturb the peace of another. |
| Drug Activity  | Someone is using, selling or transporting illegal drugs or narcotics in your neighborhood, and the drug activity that is not happening now. |
| Fraud - Check/Credit Card | Someone uses your credit or debit card or number without your permission to obtain goods or services. |
| Graffiti | Defacing the property of another by means of paint, markers or other substance.  |
| Identity Theft | When someone uses your personal information to obtain a credit card, etc. |
| Lost Property | Property that is missing or lost. |
| Phone Harassment | Electronic communication meant to harass, threat, or intimidate someone else. |
| Private Property Crash | Traffic Accident occurred on private property. |
| Property Destruction | Destroying, injuring, or defacing of your property which results in a monetary loss. Graffiti is a separate crime.  |
| Shoplifting | When a person willfully conceals property offered for sale by a store with the intent to convert the property to their own use. |
| Suspicious / Incident Report | Non-criminal matters which the reporting person would like to document with the police. Any actions that are of an odd or suspicious nature. Suspicious activities, persons, vehicles. |
| Theft | When property is taken without your permission. This does not include someone physically taking something from your person.  |
| Trespassing |  |

Once this form is complete, email it to: ***mpdreports@millswy.gov***

**Initial Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Type of Incident |       | CS# |       |

***\*Do you want law enforcement contact?*** ***[ ]  YES*** ***[ ]  NO***

**Type of Report**

[ ]  Original report

[ ]  Supplemental report for initial report made online. ***(\*Must include CS#)***

[ ]  Supplemental report for initial report made to an officer. ***(\*Must include CS#)***

**Incident Information**

|  |  |
| --- | --- |
| Date of incident |       |
|  |  |  |  |
| Start time of incident |       |
|  |  |  |  |
| End time of incident |       |

|  |  |
| --- | --- |
| Address of incident |  |
|  |  |  |  |  |  |
| \*City |       | \*State |       | \*Zip Code |       |

Persons Involved

(Reporting party information to be filled out on next page)

|  |  |  |  |
| --- | --- | --- | --- |
| NAME | ADDRESS | PHONE NUMBER | HOW INVOLVED |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |

**\*Reporting Party Information**

|  |  |
| --- | --- |
| \*First Name |       |
| \*Middle Name |       |
| \*Last Name |       |
|  |  |
| \*Physical Address |       |
|  |  |  |  |  |  |
| \*City |       | \*State |       | \*Zip Code |       |
|  |  |  |  |  |  |
| Mailing Address (if not the same as physical address) |  |
|  |  |  |  |  |  |
| City |       | State |       | Zip Code |       |
|  |  |  |  |  |  |
| \* INCLUDE THE BEST CONTACT PHONE NUMBER |
| Home Phone |       |  | Cell Phone |       |
|  |  |  |  |  |  |
| Race |       | Ethnicity |       | Sex |       |
|  |  |  |  |  |  |
| \*Date of Birth |       | Height |       | Weight |       |
|  |  |  |  |  |  |
| Eye Color |       | Hair Color |       |  |  |
|  |  |  |  |  |  |
| \*Driver’s License Number |       | \*DL State of Issuance |       |
|  |  |  |  |  |  |
| Scars/Marks/Tattoos |       |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| \*Employer Name |       |
|  |  |  |  |  |  |
| \*Physical Address |       |
|  |  |  |  |  |  |
| \*City |       | \*State |       | \*Zip Code |       |
|  |  |  |  |  |  |

**\*\*\*PLEASE GIVE A DETAILED DESCRIPTION OF INCIDENT\*\*\***