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# Town of Campbell

## POLICE DEPARTMENT



2219 Bainbridge Street  
La Crosse, Wisconsin 54603  
Phone: 608.783.1050  
Fax: 608.783.0650  
E-mail: campbellpd@townofcampbell.net

### Campbell Police Department Citizen Reporting Form

Date of Report:

Time of Report:

AM  PM

**Incident #:**

**Incident you are Reporting to the Police:**

- Theft under \$250.00
- Lost Property
- Damage to Property under \$2500.00
- Suspicious Activity
- Nuisance Complaints

Did this Incident Happen in the Town of Campbell?  Yes  No (If no, stop here)

Do you have any Suspect(s)?  Yes  No (If yes, stop here and call Police)

When did this happen? Date: \_\_\_\_\_ Time: \_\_\_\_\_ to Date: \_\_\_\_\_ Time: \_\_\_\_\_

Where Did the Incident Happen?  Business  Private Home  Park  Street  Other

If Other, List Type of Location:

Street Address of Incident, if Known:

Victim Last Name:

First Name:

Middle:

Victim's Address:

Phone #:

Victim Gender:  Male  Female

Race:

Birthdate:

Is the Victim of this incident also reporting this incident?  Yes  No **If No, who is?**

Reporter Last Name:

First Name:

Middle:

Reporter's Address:

Phone #:

Reporter's Gender:  Male  Female Race:

Birthdate:

*Since 1851*

What was Taken, Lost or Damaged? Please List Below.		
Brand Name of Item(s)	Description or Property/Color/Serial #/Model #Etc...	\$ Value

In your own Words Describe the Incident:

**NOTE: Filing a false police report is a crime (WI 946.41) and violations will be prosecuted.**

*By typing my name in the "Electronic Signature", I declare under penalty of law and perjury, that this report and the information contained herein is true, correct, and complete to the best of my knowledge and belief. I further acknowledge that any intentional false statement may result in my criminal prosecution.*

Electronic Signature:	Date Signed:
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