



Springfield Police Department



Request for an Incident and Crime Report



Date Reported: _____ Time Reported: _____ Date of Event: _____ Time of Event: _____
 Person Reporting: _____ Phone #: _____ E-mail: _____



Offense (s)

Crime: _____ Crime: _____
 Location: _____ Location: _____
 Location Type: _____ Location Type: _____



Victim(s)

Name: _____ Sex: _____ Race: _____ Age: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Phone #: _____ Mobile#: _____ E-mail: _____ SSN: _____ DOB: _____
 Ethnicity: _____ Resident Status: _____

Name: _____ Sex: _____ Race: _____ Age: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Phone #: _____ Mobile#: _____ E-mail: _____ SSN: _____ DOB: _____
 Ethnicity: _____ Resident Status: _____



Suspect (s)

Name: _____ Sex: _____ Race: _____ Age: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Height: _____ Weight: _____ Hair: _____ Eyes: _____ Body Type: _____
 Complexion: _____ Ethnicity: _____ Place of Birth: _____
 License #: _____ Relationship to Victim: _____

Name: _____ Sex: _____ Race: _____ Age: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Height: _____ Weight: _____ Hair: _____ Eyes: _____ Body Type: _____
 Complexion: _____ Ethnicity: _____ Place of Birth: _____
 License #: _____ Relationship to Victim: _____



Appearance

(Describe the person or persons in more detail, if necessary)

WARNING: False statements made on this form are punishable under the penalty of perjury. Whoever knowingly makes a false written statement of this form shall be punished by imprisonment for up to 2 years or a fine of up to \$2,500.00 or by both a fine and imprisonment. G.L., C268, S39. Persons convicted more than once of knowingly making false reports shall be punished by a mandatory one year jail term.



Springfield Police Department

Request for an Incident and Crime Report (Crime Must Have Occurred in the City of Springfield)

Date Reported: _____ Time Reported: _____ Date of Event: _____ Time of Event: _____
 Person Reporting: _____ Phone #: _____ E-mail: _____



Properties

Quantity:
Serial #:
Description:

Quantity:
Serial #:
Description:

Quantity:
Serial #:
Description:

Quantity:
Serial #:
Description:



Narrative

Description of Event

(Describe the Situation or Event as It Happened)

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Signature: _____ Date: _____