



Do-It-Yourself Citizen Report

Wisconsin Dells Police Department



712 Oak St., Wisconsin Dells, WI 53965
 Tel: (608) 253-1611 Fax: (608) 254-4375
 See Instructions on Back of Form

DATE OF OCCURRENCE	TIME OF OCCURRENCE	INCIDENT TYPE (POLICE USE ONLY)
LOCATION OF INCIDENT	DATE OF REPORT	INCIDENT NUMBER (POLICE USE ONLY)

NAME – LAST, FIRST, MI (REPORTING PARTY #1)						DOB	PHONE NUMBER
STREET ADDRESS			CITY	STATE	ZIP	ALTERNATE PHONE	
NAME – LAST, FIRST, MI (REPORTING PARTY #2 – IF APPLICABLE)						DOB	PHONE NUMBER
STREET ADDRESS			CITY	STATE	ZIP	ALTERNATE PHONE	
LICENSE PLATE #	YEAR	MAKE	MODEL	STYLE	COLOR	VIN	

TYPE OF PROPERTY TAKEN/DAMAGED	MAKE	MODEL	COLOR	SERIAL NUMBER	VALUE
1.					
2.					
3.					
4.					
<input type="checkbox"/> See Attached List					TOTAL VALUE \$

NARRATIVE:

See Attached Statement

I certify that the above data is true and correct to the best of my knowledge and understand that knowingly providing false information to law enforcement officials is a violation of Wisconsin § 946.49. Furthermore, I gave no one permission to take or damage the above listed property.

REPORTING PARTY #1 SIGNATURE _____

DATE _____

RECEIVED / REVIEWED BY
(POLICE USE)

**** SEE REVERSE FOR ADDITIONAL**