



LETHBRIDGE REGIONAL POLICE SERVICE

CITIZEN COUNTER REPORT

DATE REPORTED:	CASE NUMBER:	ATTENDING MEMBERS ID#
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TYPE OF OCCURRENCE THEFT WILLFUL DAMAGE OTHER

WHEN DID THIS OCCUR: FROM: (Date/Time)	TO: (Date/Time)
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WHERE DID THIS OCCUR (Exact Street Address/Closest Intersection) Please indicate: Street <input type="checkbox"/> Parking lot <input type="checkbox"/> Driveway <input type="checkbox"/> Other <input type="checkbox"/>
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YOUR NAME: (Last/First)	DOB:
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ADDRESS:

PHONE:

OWNER'S NAME: (if different from above)

ADDRESS:	DOB:
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PHONE:

INSURANCE CO NAME:	POLICY NUMBER:
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VEHICLE (if applicable) MAKE/MODEL:	YEAR:	COLOR:	LICENCE#:	VIN#:
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DAMAGED/STOLEN PROPERTY:				
MAKE:	MODEL:	COLOR:	SERIAL#:	VALUE:
MAKE:	MODEL:	COLOR:	SERIAL#:	VALUE:
MAKE:	MODEL:	COLOR:	SERIAL#:	VALUE:

STATE BRIEFLY WHAT HAPPENED

SIGNATURE: (Please sign in front of Police Officer)	DATE:
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MEMBER'S SIGNATURE:	DATE:
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NOTE: IT IS A CRIMINAL OFFENCE TO MAKE A FALSE POLICE REPORT
 - Any recovered property for which an insurance claim has been made, becomes property of the insurer.
 - There is a fee for replacement copies of this form.

APPROVED BY:	ENTERED BY:
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For Office use only							off codes	A/C	rep	seq#
UCR										
Status	Loc	Occ	T/veh	Count	M/SW	W/status				

Original police / 1st copy insurance / 2nd copy citizen