Hood River County Sheriff's Office
Citizen Report Form

case #: _____
incident type: _____

location of occurrence: _____
date/time of occurrence: _____

Victim #1: name: _____
gender: M F
date of birth: _____
phone: _____
address: _____

Victim #2: name: _____
gender: M F
date of birth: _____
phone: _____
address: _____

Witness: name: _____
gender: M F
date of birth: _____
phone: _____
address: _____

Suspect: name: _____
gender: M F
date of birth: _____
phone: _____
address: _____
description: _____
race gender hgt wgt age

Property involved (stolen/damaged):

item #1: _____
description make model color serial # value

item #2: _____
description make model color serial # value

item #3: _____
description make model color serial # value

item #4: _____
description make model color serial # value

item #5: _____
description make model color serial # value

item #6: _____
description make model color serial # value

Narrative:

signature date

return within 15 days to:
Hood River County Sheriff's Office
309 State St, Hood River OR 97031
541-386-2098