

**Saginaw Township Police Department
Local Incident Report**

Type of Incident _____	File Class: _____	Case Number _____
Incident Location _____	Date _____	Time _____
Officer Providing Report _____	Sgt. _____	Date _____
Officer Accepting Report _____	Date _____	

Instructions: Please print legibly. Complete each area of the form. If the area does not apply write N/A. Once the report is complete return it to the Saginaw Twp. Police Department at 4930 Shattuck Rd., Saginaw MI. 48603.

Victim/Complainant Information

Name _____ Sex _____ Date of Birth _____

Address _____

Home Phone _____ Work Phone _____ Cell _____ Pager _____

Property Section (Stolen or Damage):

Item(s) Description and Serial Numbers: _____

Item Value: _____ Insurance Company: _____

Use the back of this form if additional space is needed

Suspect Information:

Name _____ Race _____ Sex _____ Age _____

Address _____ Telephone _____

Height _____ Weight _____ Eyes _____ Hair _____ Relationship to Victim _____

Place of Employment _____ Vehicles _____

Other Information _____

Turn Form Over to Complete Required Narrative Information

Narrative Information: Please relate, in your own words, what happened. Be as complete as possible. If you need more space, we will provide you with an additional sheet.

Lined area for writing the narrative information.

Your Signature

Today's Date