RANTOUL POLICE DEPARTMENT
INCIDENT REPORT

RANTOUL POLICE DEPARTMENT
109 E GROVE
RANTOUL, IL 61866 (217) 892-2103

SHADED AREAS WILL BE COMPLETED BY POLICE PERSONNEL

INCIDENT

TYPE OF INCIDENT (CHECK ONE) ___THEFT ___VANDALISM/CRIMINAL DAMAGE ___LOST PROPERTY ___OTHER		INCIDENT NUMBER	OFFENSE CODE
OCCURRED DATE	OCCURRED TIME	DEPARTMENT CLASS	CASE STATUS
LOCATION OF OCCURRENCE (Premise/Business Name)		LOCATION TYPE	PATROL BEAT
Location ADDRESS			

VICTIM

Victim Name		Date of Biirth	Hair Color	Eye Color
Home Address	Apt Number	Home/Cell Phone		
Driver's License number and state		Social Security Number		
Employer/Occupation		Work Phone Number		

VEHICLE/PROPERTY INFORMATION

Property Description	Status Stolen/ Damaged	Vehicle Make or Brand Name	Model Name / Number	Color	Veh License # and State or Property-Serial/ID Number	Veh Year or Quantity	Value	Prop Type	LEADS NUMBER

LEADS NUMBER(S) ENTERED BY:	DATE OF ENTRY	LEADS NUMBER(S) CANCELLED BY:	DATE OF CANCEL:	Report Entered by:	Date of Entry:

INCIDENT DETAILS

Include particular circumstances concerning the incident; description of damages and how the damage was caused.

Printed Name of Person Completing Form	Signature of Person Completing Form	Date

Page 1: Police Department Copy
Page 2: Victim's Copy