

ROLLING MEADOWS POLICE DEPARTMENT MAIL-IN INCIDENT FORM

Report Number _____

Check type of incident Theft from Auto Lost Property Damage to Auto Bike Theft Theft of Gas
 Matter of Record Phone Harassment Accidental Damage Lost License Plates Supplemental Report

Complainant _____
Last name, First name Middle Initial sex date of birth
 () -
Home Address _____
Street address Apt. City, State, ZIP Home Phone Work Phone
 () -

Incident Location _____
 - Street address Apt./Suite Number
Address Name _____

Date of this report _____ **Date/Time Range** From _____
(Today's date month/day/year) (time) (date)
Date of Incident _____ **Time of Incident** _____ **AM/PM** **or** To _____
(month/day/year) (time) (date)

Victim _____
Last name, (or Business Name) First name Middle Initial sex date of birth
 () -
Address _____
Street Address City, State Work Phone
 () -

Vehicle _____
Year Make Model Body Style Color(s)
Description _____
License Number State Vehicle Id. Number Vehicle Usage (ex. Object of attack, Suspect Vehicle, Used in Offense, etc.)

Property (If more room is needed, attach a page with additional information).

Qty.	Item Type	Brand/Model	Serial Number	Misc. Description	Value

Report Number

ROLLING MEADOWS POLICE DEPARTMENT

MAIL-IN INCIDENT FORM **Instruction**

Sheet

NOTE: All information must be completed legibly and completely or the report will not be recorded with the Rolling Meadows Police Department.

1. Type of incident definitions:
 - a. Theft from auto– property taken from the outside of a vehicle by another with no suspect information.
 - b. Lost Property – property missing, but have no evidence that it was taken by another.
 - c. Damage to Auto – self explanatory
 - d. Bike Theft – Bicycle taken, outside a building, with no suspect information.
 - e. Theft of Gas – Gasoline theft in a drive-off at a gas station.
 - f. Matter of Record – Information to be supplied for a report with no follow-up but required by your insurance company, or a report with no follow-up on a non-criminal matter.
 - g. Telephone harassment – telephone calls received where repetitive calls are made or annoying calls are made.
Note-caller may be known, and complainant desires no follow-up.
 - h. Accidental Damage – Damage reported that was unintentional.
 - i. Lost License Plates – License plates missing from vehicle, unknown if stolen or not.
 - j. Supplemental Report – Additional information supplied to RMPD on a previous RMPD report.
2. Complainant:
 - a. Name of the individual making this report
 - b. Must be 18 years of age or older
3. Incident Location:
 - a. A place within the City of Rolling Meadows where any of the above types of incidents occurred.
 - b. Address Name: the name of a business or apartment, condo, or townhouse complex.
4. Date of this report – Exact date and time incident occurred. If not known, then supply the best range of time when it is known that the incident occurred.
5. Victim:
 - a. Name of the person who suffered a loss in this report, or was the target of the complaint.
 - b. If more than one victim applies, only name the primary victim.
6. Vehicle Description examples:

a.	1998	Ford	Mustang	2-door hatch	Black/Gray
b.	2002	Chevrolet	Blazer	4-door SUV	Red
7. Property: As much information as possible must be entered in order for property to be returned to the rightful owner, should any property be recovered.
8. Means of damage – Explain what type of damage was done, if applicable.
9. Target of damage – Explain where and what was the target of damage, if applicable.
10. Narrative section – Clearly and briefly state the events that occurred in this incident. Only state facts, not speculation.
11. Preparer’s signature – Sign the report when complete. An unsigned report will not be accepted or recorded. Anyone who knowingly submits a report containing false information is subject to arrest and prosecution.
12. Mail or drop off this completed form to the Rolling Meadows Police Department, 3600 Kirchoff Rd. Rolling Meadows, IL. 60008.