

## Kenosha Police Department Citizen Self-Reporting Procedure

The Citizen Self-Reporting form is available to report **non-emergency incidents**. If a crime is in progress, or if the incident is an emergency, dial 911.

This form is only valid for non-emergency crimes that occurred within the City of Kenosha, Wisconsin. If the crime did not occur in Kenosha, you will need to file a report in the jurisdiction that the incident occurred.

This form can be used to report the following:

- Theft, Vandalism or Criminal Damage to Property Complaints:
  - Not in progress
  - No suspects or witnesses
  - No evidence is known to exist
  - Loss does not exceed \$1000.00
- Lost Property:
  - Loss does not exceed \$1000.00
- Civil Dispute
- Fraud/ ID Theft
- Information
- Stolen Bicycle
- Stolen License Plate
- Theft from Auto (Unless it involves a firearm)
- Worthless Checks

If the incident that you wish to report is not listed above, please contact the Kenosha Police Department at (262) 656-1234 for all non-emergency incidents.

## Instructions to complete the Citizen Self-Reporting Form

**INSTRUCTIONS:** This is an official Law Enforcement document that will become the official police report for this incident. If you have insurance coverage, this form will assist you in filing a claim. *Please note that you must include your FULL NAME and BIRTHDATE for the report to be officially filed.* We will be better able to follow up on your case if you provide us with as much information as possible. **Email completed form to [kpdcscr@kenoshapolice.com](mailto:kpdcscr@kenoshapolice.com).**

### **SECTION 1 – GENERAL INFORMATION**

**This section must be completed in order for us to properly record the incident.** If you are not sure of the specific time of the incident, record the range of time during which the incident occurred. Your home and work addresses and phone numbers are important if there is a need for us to contact you.

### **SECTION 2 – BUSINESS INFORMATION**

If the incident occurred at a business, or if property involved is owned by someone other than you, list that information here. If you own the property involved, simply write "SAME" in the Property Owner's Name box in this section.

### **SECTION 3 – VICTIM VEHICLE**

Use this section to identify any vehicles involved in the incident. If you are not the owner of the vehicle, list the registered owner's information.

### **SECTION 4 – STOLEN AND/OR DAMAGED PROPERTY**

Use this section to identify any property which was stolen or damaged. Be as specific and complete as possible, being sure to indicate anything which will separate your property from someone else's property. Please identify your insurance company in the space provided.

### **SECTION 5 – FRAUD, SCAM, OR IDENTITY THEFT**

Use this section to provide bank or credit card company information or the type of scam that you want to report. This form cannot be used to report bank or credit card fraud transactions, unless you have already disputed the transactions.

### **SECTION 6 - NARRATIVE**

This section must be completed for us to properly record your complaint. Please offer as much information as possible to help us understand what happened. When you complete this section, be sure to print your name and sign and date your report in the spaces provided at the bottom of the page.

**DO NOT WRITE IN SHADED AREAS**

<b>OFFENSE/INCIDENT</b>	<b>AGENCY/UNIT</b> ____/____	<b>DATE</b> ____/____/____	<b>TIME</b>	<b>CASE NO.</b>
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**TYPE OR PRINT INFORMATION REQUESTED BELOW USING BLACK INK**

**SECTION 1 – MUST BE COMPLETED**

Today's Date	Time Now	Date Incident Occurred	Time(s) Incident Occurred		
Address where incident occurred. Use the block or nearest intersection, if the incident did not occur at a specific location.					
Your Last Name	First Name	Middle Initial	Sex	Race	Birthdate – Month / Day / Year ____/____/____
Your Address – Number	Street Name	City	State	Zip	Phone Number (Home/Cell) (____) ____-____
Business Address – Number	Street Name	City	State	Zip	Work Phone Number: (____) ____-____

**SECTION 2 – COMPLETE, IF APPLICABLE**

Business Name or Property Owner's Name	Sex	Race	Birthdate – Month / Day / Year ____/____/____		
Home Address – Number	Street Name	City	State	Zip	Phone Number (Home/Cell) (____) ____-____
Business Address – Number	Street Name	City	State	Zip	Work Phone Number: (____) ____-____

**SECTION 3 – VICTIM VEHICLE**

Vehicle License Number	State	Exp. Month/YR	Type (auto, truck, etc.)	Vehicle Identification Number	
Vehicle Year	Vehicle Make	Model	Body Style	Color: Top / Body	
Owner's Last Name	First Name	Middle Initial	Sex	Race	Birthdate – Month / Day / Year ____/____/____
Owner's Address – Number	Street Name	City	State	Zip	Work Phone Number: (____) ____-____



