PORTERVILLE POLICE DEPARTMENT
MAIL-IN REPORT

1. Date & Time of Occurrence: ___

2. Date & Time Reported:

3. Location of Occurrence:

4. Reporting Person: **Phone Number: (__)**

5. Home Address:

6. Date of Birth: **Sex: _____** **Occupation:**

7. SUMMARY OF CRIME / INCIDENT

8. PROPERTY LOST

Brand/Manufacturer	Description	Serial Number	Value	Quantity

9. Victim's Name (*if different from above*): **Phone Number: ( )**

Home Address:

Date of Birth: **Sex: ____** **Occupation:**