Officer: _____ Date: _____ Case Number: _____
(Do Not Mark In This Area—For Police Use Only)

CALDWELL POLICE DEPARTMENT
MAIL-IN REPORT
110 South 5th Ave, Caldwell, ID 83605, 208-455-3115

Crime Type ☐ Vandalism ☐ Lost Property ☐ Vehicle Accident ☐ Hit and Run ☐ No Suspect Theft

Victim Name _____ Phone _____

Victim's Address _____ City _____ State _____ Zip _____

Date of Birth _____ Driver's License # _____

Business Name _____ Phone _____

Business Address _____

Date of Incident _____ Time of Incident _____

Location of Incident _____

Vehicle 1 Information Make _____ Model _____ Year _____ Color _____

License _____ State of License _____

Insurance Company _____ Policy # _____

Vehicle 2 Information Make _____ Model _____ Year _____ Color _____

License _____ State of License _____

Insurance Company _____ Policy # _____

Describe the Incident
use back of page if necessary

Property (include model and/or serial number, color, or other identifying information)

Description _____ Cost _____

Description _____ Cost _____

Description _____ Cost _____

Description _____ Cost _____

Description _____ Cost _____

Description _____ Cost _____

Description _____ Cost _____

Witnesses

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

MailinRpt16

Officer: _____	Date: _____	Case Number: _____
(Do Not Mark In This Area—For Police Use Only)		

MailinRpt16