

<table><tr><td>City Pros</td><td>Muni Court</td><td>Circ Court</td><td>Peer Court</td><td>DYS</td><td>Det.</td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td colspan="4"></td><td></td></tr></table>						City Pros	Muni Court	Circ Court	Peer Court	DYS	Det.																															<h1>INCIDENT REPORT</h1> <p>COTTAGE GROVE 3050 PROGRAM Please <u>PRINT LEGIBLY</u> in black ink.</p>				Page ____ of ____	
						City Pros	Muni Court	Circ Court	Peer Court	DYS	Det.																																				
				Police Case #																																											
Incident				L #																																											
Location				Store Case #																																											
Report Date		Report Time		Occurred Date		Occurred Time																																									
<b>BUSINESS/EMPLOYEE INFORMATION</b>																																															
Business Name						Store Number																																									
Employee Name (last, first, middle)						DOB (Mo/Day/Yr)																																									
Street Address			City		State	Zip	Phone	Business Hours																																							
<b>SUSPECT INFORMATION</b>																																															
Name (last, first, middle)			DOB	Age	Race	Sex	<input type="checkbox"/> Yes <input type="checkbox"/> No Juvenile?	Alias Names																																							
Driver License #/State		Social Security #	Resident Street Address			City		State	Zip																																						
Phone		Place of Birth		Employer/School		Height	Weight	Hair	Eyes																																						
Scars/Marks/Tattoos			<input type="checkbox"/> Yes <input type="checkbox"/> No Photo?		<input type="checkbox"/> Yes <input type="checkbox"/> No Trespassed?		<input type="checkbox"/> Yes <input type="checkbox"/> No Armed?		Type of Weapon																																						
<b>CHARGE</b>																																															
Charge #1			Citation #		Court		Bail																																								
Charge #2			Citation #		Court		Bail																																								
<p>I have arrested the defendant in police custody for the listed charge. I will testify as a witness against the defendant and I will appear at the City/District Attorney's office to sign a complaint against the defendant.</p> <p>Reporting Agent: _____</p>																																															
<b>PARENT/GUARDIAN</b>																																															
Parent/Guardian (last, first, middle)			DOB (Mo/Day/Yr)		Relationship		Business Phone																																								
Resident Street Address			City		State	Zip	Phone																																								
Notified By		Released to (last, first, middle)			DOB (Mo/Day/Yr)		Relationship																																								
<b>MIRANDA</b>																																															
<p>1. You have the right to remain silent.</p> <p>2. Anything you say can and will be used against you in a court of law.</p> <p>3. You have the right to talk to a lawyer and have him or her present with you while you are being questioned and when you are required to face witnesses.</p> <p>4. If you cannot afford to hire a lawyer, one will be appointed to represent you if you request one.</p>																																															
Evidence Location				Evidence Released To																																											
Reporting Agent				Assisting Agent																																											
Date/Time Prepared				Approved By																																											
Updated 03/26/13																																															

# PROPERTY SHEET

## COTTAGE GROVE 3050

### PROGRAM Please PRINT LEGIBLY in black ink.

Page \_\_\_\_ of \_\_\_\_

Police Case #

L #

Store Case #

#### PERSONS

A/ ARRESTED  
B/ CITED (UTC)  
C/ COMPLAINANT  
G/ PASSENGER  
H/ NON CRIMINAL HOLD  
I/ INVOLVED/NOT CONT.  
L/ LEGAL OWNER  
S/ SUSPECT

O/ OPERATOR  
P/ PARENT  
R/ REG. OWNER  
T/ CONTACTED  
V/ VICTIM  
W/ WITNESS  
Y/ WANTED

#### VEHICLES

AV/ ABANDONED VEH.  
E/ EVIDENCE  
IV/ INVOLVED VEH.  
LV/ LOCATE/SUSP. VEH.  
MV/ MISSING VEH.  
RV/ RECOVERED VEH.  
SV/ STOLEN VEH.  
TV/ TOWED VEH.  
VV/ VICTIM VEH.

#### PROPERTY

AP/ ABANDONED PROP.  
E/ EVIDENCE  
FP/ FOUND PROP.  
IP/ INVOLVED PROP.  
MP/ MISSING PROP.  
RP/ RECOVERED PROP.  
SP/ STOLEN PROP.  
VP/ VICTIM PROP.  
DP/ DAMAGED PROP.

#### MISCELLANEOUS

AO/ ASSISTANCE OFFICER  
TC/ TOW COMPANY  
RC/ RELATED CASES  
CIT/ CITATIONS ISSUED

	QTY	ITEM	SERIAL#	BRAND	MODEL/SIZE/COLOR	VALUE
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

TOTAL \$ VALUE

#### ITEMS PURCHASED

#	QTY	ITEM	SERIAL#	BRAND	MODEL/SIZE/COLOR	VALUE
1						
2						
3						
4						
5						

TOTAL \$ VALUE

#### CURRENCY

CASH: ☐ None ☐ Unknown

SPECIAL NOTES

CHECKS ☐ Yes ☐ No ☐ Unknown

SPECIAL NOTES

CREDIT CARDS: ☐ Yes ☐ No ☐ Unknown

SPECIAL NOTES

REPORTING AGENT