

# LANE COUNTY SHERIFF'S OFFICE CITIZEN SELF-REPORT FORM



Sheriff Byron M. Trapp

## INSTRUCTIONS

Thank you for participating in the Lane County Sheriff's Office self-reporting program. Although we remain deeply committed to providing our county residents with the best service possible, our current funding has restricted our immediate call response to life threatening situations, in-progress calls and 9-1-1 emergencies. By allowing the Sheriff's Office to record your loss via this form, our limited patrol resources will be better focused on those calls for service which require an immediate on-scene deputy response.

The Citizen Self-Report Form is intended to help document the facts surrounding the crime you are reporting. When submitted to the Sheriff's Office, the form will be reviewed by a Sergeant for clarity, completeness, legibility and crime classification. If your report meets acceptance criteria, it will be processed as the actual report for your incident. It will be assigned a permanent case number and will be maintained as an official document of the Sheriff's Office. You may call our Police Records Unit at 541-682-3775 at a later date to obtain the case number for your records if needed.

This form is primarily used for property crimes and misdemeanor person crimes with or without suspect information. This form **IS NOT** for reporting crimes such as robbery, assault with serious injury, sex crimes, stolen vehicles, crimes which include the extensive theft of firearms (more than 7 weapons) or violation of restraining/stalking orders. *If you are trying to use this form to report that type of incident, or you're not sure how your incident should be reported, please contact our Dispatch Center at 541-682-4141 to discuss your situation further.*

It is important that all available information be filled in where requested. **THIS IS ESPECIALLY IMPORTANT FOR STOLEN PROPERTY.** Failure to *completely* provide the requested information may result in the report being sent back to you for correction / clarification. If the requested information doesn't apply to your case, please write "N/A" in that section. If the information is unknown, please write "UNKNOWN". In this way, we will know that the information hasn't just been overlooked.

In order to help you document your crime fully, please read the following explanations for terms used on the Citizen Self Report Form:

1. **WITNESS INFORMATION** pertains to a person who not only observed the incident, but has information about the incident even if they didn't see it.
2. **CRIME INFORMATION** should include the actual location of the property when it was stolen/damaged. Example: vehicle was parked in the driveway, or bicycle was in the backyard.
3. **SUSPECT INFORMATION** could include suspicious persons or vehicles observed in the area.
4. **STOLEN / MISSING / DAMAGED PROPERTY LIST** - *It is extremely important* to list the value or estimated value of each item so we can determine the degree of crime committed. If complete descriptions, identification, serial numbers, **type of action for firearms** and value are not provided, your stolen / missing articles cannot be entered into the local/state/national computer systems which can greatly assist in the recovery of your property.

# LANE COUNTY SHERIFF'S OFFICE

## CITIZEN REPORT FORM

When completed, return the form to the Lane County Sheriff's Office - 125 E. 8th Avenue, Eugene OR 97401. The form must be submitted by mail or in person, ***IT CANNOT BE FAXED.*** If you have questions about the reporting process or whether your report qualifies for this form, please call the Sheriff's Office Dispatch Center at 541-682-4141.

### SHADED AREAS - INTERNAL USE ONLY

<input type="checkbox"/> DA <input type="checkbox"/> Tally <input type="checkbox"/> P & P <input type="checkbox"/> CO ROADS <input type="checkbox"/> CIS <input type="checkbox"/> SDS <input type="checkbox"/> BIAS <input type="checkbox"/> DHS <input type="checkbox"/> JUV <input type="checkbox"/> ME <input type="checkbox"/> MTLHL <input type="checkbox"/> OLCC <input type="checkbox"/> PS LT <input type="checkbox"/> PS CAPT <input type="checkbox"/> EPD <input type="checkbox"/> VSO   Resident Deputy / Contracts: _____ <input type="checkbox"/> SPD <input type="checkbox"/> CSO   Other: _____ <input type="checkbox"/> OSP <input type="checkbox"/> KIDS   Other: <input type="checkbox"/> FIRST   _____ _____	<b>INCIDENT:</b>     	<b>CASE NUMBER:</b>     
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Today's Date: \_\_\_\_\_ Time: \_\_\_\_\_  A.M.    P.M.

Crime Occurrence Date: \_\_\_\_\_ Time: \_\_\_\_\_  A.M.    P.M.

**LOCATION OF OCCURRENCE:** *include number, street, apartment, city or town and zip code.*  
*If appropriate, also include state or county park, state highway or county road, milepost, etc.*

Address: \_\_\_\_\_

Residence    Business   Name of Business: \_\_\_\_\_

**VICTIM**    **REPORTING PERSON**    *(Check one or both, if applicable)*   Race: \_\_\_\_\_

Name: \_\_\_\_\_  
*(Last, First, Middle)*

Home Address: \_\_\_\_\_  
*(Street, City, State, Zip)*

Work/Business Address: \_\_\_\_\_  
*(Street, City, State, Zip)*

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_  
MM/DD/YYYY

Home/Message Phone: \_\_\_\_\_

Work/Business Phone: \_\_\_\_\_

**ADDITIONAL VICTIM**    **WITNESS**    *(Check one or both, if applicable)*   Race: \_\_\_\_\_

Name: \_\_\_\_\_  
*(Last, First, Middle)*

Home Address: \_\_\_\_\_  
*(Street, City, State, Zip)*

Work/Business Address: \_\_\_\_\_  
*(Street, City, State, Zip)*

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_  
MM/DD/YYYY

Home/Message Phone: \_\_\_\_\_

Work/Business Phone: \_\_\_\_\_

**CASE NUMBER:**

**CRIME INFORMATION**

Briefly describe the crime. Suspects, vehicles, or property need to be listed below.

[Empty text box for crime information]

**CASE NUMBER:**

**SUSPECT INFORMATION:**

Please include any information that may help identify the suspect. Helpful information could include race, height, weight, hair color, eye color, scars or marks, tattoos, clothing description, etc.

Sex: \_\_\_\_\_

Date of Birth or Approximate Age, if DOB Unknown: \_\_\_\_\_

Victim Vehicle (V)

**INVOLVED VEHICLE:**

Please include any information that may help identify vehicle(s).

Color - Top \_\_\_\_\_ Color - Bottom \_\_\_\_\_ License No. \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Style \_\_\_\_\_

Suspect Vehicle (S)

Color - Top \_\_\_\_\_ Color - Bottom \_\_\_\_\_ License No. \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Style \_\_\_\_\_

