

Incident # _____
 (For office use)

University of Memphis Police

Self Report of Incident/Offense

Date/Time Reported			Location of Occurrence					
Occurred between		Time	Date	to	Time	Date		
Person Reporting (check one)			Victim	Witness	Other			
Last Name			First		M.I.	AKA/Nickname		
Address			City	State	Zip	Home Phone		
Driver's License			State	SSN		DOB MM/DD/YY		
Race	Sex	Height	Weight	Eye Color	Hair Color	Cell or Pager #		
Employer			Address			Phone		
Check One:			Student	Faculty/Staff	Other	Unknown		
Second Person (check one)			Victim	Witness	Suspect	Other		
Last Name			First		M.I.	AKA/Nickname		
Address			City	State	Zip	Home Phone		
Driver's License			State	SSN		DOB MM/DD/YY		
Race	Sex	Height	Weight	Eye Color	Hair Color	Cell or Pager #		
Employer			Address			Phone		
Check One:			Student	Faculty/Staff	Other	Unknown		
Third Person (check one)			Victim	Witness	Suspect	Other		
Last Name			First		M.I.	AKA/Nickname		
Address			City	State	Zip	Home Phone		
Driver's License			State	SSN		DOB MM/DD/YY		
Race	Sex	Height	Weight	Eye Color	Hair Color	Cell or Pager #		
Employer			Address			Phone		
Check One:			Student	Faculty/Staff	Other	Unknown		

Property Lost/Stolen/Damaged

Type	Brand	Model #	Serial #	\$ Value
Brief Description				
Type	Brand	Model #	Serial #	\$ Value
Brief Description				
Type	Brand	Model #	Serial #	\$ Value
Brief Description				

(Continued On Back)

Property Lost/Stolen/Damaged

Type	Brand	Model #	Serial #	\$ Value
Brief Description				
Type	Brand	Model #	Serial #	\$ Value
Brief Description				

Vehicles

Make	Model	Year	Color	License	State	\$ Value
Brief Description						
Make	Model	Year	Color	License	State	\$ Value
Brief Description						

Written Statement (Who, What, When, Where, Why)

PLEASE READ CAREFULLY BEFORE SIGNING!!

I certify that the information provided in this report is true to the best of my knowledge and recollection. I understand that it is unlawful to initiate a report or statement to a law enforcement officer knowing: that the offense or incident did not occur; or that I have no information relating to the offense reported; or that the information relating to the offense reported is false. I understand such actions constitute a Felony as proscribed in Tennessee Code 39-16-502.

Signature: _____ Date: _____ Time: _____