



CITY OF ALMA DEPARTMENT OF PUBLIC SAFETY

525 E. SUPERIOR STREET • P.O. BOX 278
ALMA, MICHIGAN 48801
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OFFICE OF
DAVID D. WALSH
DIRECTOR

CITIZEN SELF-REPORT FORM INSTRUCTIONS

READ THIS DOCUMENT FIRST!

What is this form used for? This form is intended to provide a convenient option for citizens to report certain crimes and/or incidents. This report form may be used for thefts, vandalism (where the loss/damage is less than \$1,000), telephone harassment and private property accidents. Crimes/incidents reported on this form must have occurred within the city limits of Alma, Michigan.

What is this form NOT used for? Crimes against persons, such as assault or harassment. In those cases request an officer contact you by calling dispatch at (989) 875-7505. For reporting Internet fraud, including suspicious e-mails without a known local source, visit the FBI Internet Crime Complaint Center at www.ic3.gov. If you are reporting an immediate emergency you should always dial 9-1-1.

Will an officer contact me? Not necessarily. An officer may contact you if the department needs to follow up with you about a suspect or information in your case. You may also specifically request on the report form that an officer contact you. In this case, the department endeavors to respond as timely as possible consistent with other responsibilities and priorities, but cannot promise any specific response or response time.

What if I still have questions? Please call during business hours Monday-Friday at (989) 463-8317.

What do I need to begin the report? Your full name (as appears on your driver's license or ID card), birth date, address and phone number. Also know what type of incident you are reporting, the value of the loss/damage, and when and where the incident occurred.

How do I get started? Fill out the form completely and accurately. Please print neatly and legibly. You may attach additional pages, documents, or photos as necessary but do not staple your report. Write a brief, detailed statement providing us with as much information as you know about this case in the space provided. If you provided suspect information, you must describe why you believe the individual is involved.

When do I get an incident case number? If you have not received a case number the police department will contact you by phone or email to inform you that your report was received. You will be informed of the incident case number assigned to your report. That is the number that will need to be kept for your records or provided to your insurance company. You may obtain a copy of your report upon request for \$5.00.

What do I do when I'm finished? Return the completed and signed report by mail or in person only to:

**Alma Police Department
525 East Superior Street
Alma, MI 48801**

What if I still have questions? Please call during business hours Monday-Friday at (989)463-8317.

Incident Case #	ALMA POLICE DEPARTMENT CITIZEN-SELF-REPORT FORM		Date:	Page: 1 of 2
FOR INTERNAL USE ONLY	INCIDENT TYPE	REPORT RECEIVED BY:	RECEIVED VIA: ____ Mail ____ Email ____ Person	

LEGIBILITY IS IMPORTANT. PLEASE PRINT NEATLY

This form is being provided to you to report certain crimes and/or incidents. Each report requires a written statement from you. This report may be used to begin an investigation, document information, or for insurance purposes. Please include documents, photos, videos, or recordings that support your claim. Once completed, return to the Alma Police Department. Crimes/incidents reported on this form must have occurred within the city limits of Alma, Michigan. Note that an officer may not contact you about this report unless the department needs to follow up with you about information in your case. In the event charges are filed by the prosecutor, the court will notify you when and where to appear.

RETURN BY MAIL OR IN PERSON ONLY TO: Alma Police Department, 525 E. Superior St., Alma, MI 48801

INCIDENT INFORMATION

LOCATION/ADDRESS WHERE INCIDENT OCCURRED:	LOCATION BUSINESS NAME:
DATE/TIME INCIDENT OCCURRED ON OR FROM:	DATE/TIME INCIDENT OCCURRED TO:

VICTIM/REPORTING PERSON INFORMATION

NAME(LAST, FIRST, MIDDLE)	DATE OF BIRTH	DRIVERS LICENSE NUMBER		
RESIDENCE STREET ADDRESS (WITH APT. IF APPLICABLE)	CITY	STATE	ZIP CODE	
HOME PHONE	CELL PHONE	EMAIL ADDRESS		

BUSINESS AS VICTIM

Fill out this section only if the victim is a business. You, as the representative of the business, should be listed above.

BUSINESS NAME:

BUSINESS STREET ADDRESS (WITH APT. IF APPLICABLE)	CITY	STATE	ZIP CODE
PRIMARY PHONE	ALTERNATE PHONE	EMAIL ADDRESS	

OTHER PERSON

___ SUSPECT ___ WITNESS ___ OTHER (CHECK ONE)	RELATIONSHIP TO CASE (IF OTHER IS CHECKED)
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VEHICLE INFORMATION

___ VICTIM ___ SUSPECT (CHECK ONE)	VIN	DAMAGE AMOUNT \$				
YEAR	MAKE	MODEL	BODY STYLE	COLOR	LICENSE #	STATE
___ VICTIM ___ SUSPECT (CHECK ONE)	VIN	DAMAGE AMOUNT \$				
YEAR	MAKE	MODEL	BODY STYLE	COLOR	LICENSE #	STATE

