



Blaine Police Department

10801 Town Sq. Dr. NE, Blaine MN 55449
Phone (763) 785-6168 Fax (763) 785-6100

City of Blaine Citizen/Business Crime Report

Blaine Police Case Number _____

CRIME REPORT

Date and Time of Offense: _____ @ _____
Date and Time Report Made: _____ @ _____
Location (Business Name): _____
Location (Business Address): _____

TITLE AND NAME OF PERSON MAKING REPORT (Full Legal Name and Date of Birth Required)

Title	First Name	Middle Name	Last Name	Date of Birth
_____	_____	_____	_____	_____

DESCRIPTION OF PEOPLE INVOLVED (SUSPECTS/VICTIMS/WITNESS - Add Names if Known)

Example of description: Young white male, wearing a black jacket, blue jeans, white shoes

	Full Name & DOB	Suspect/Victim/Witness	Description
1.			
2.			
3.			
4.			
5.			
6.			

DESCRIPTION OF VEHICLES INVOLVED (COLOR/MAKE/MODEL/LICENSE # - Add Owner/Driver if Known)

Example: Yellow Ford F-150, Minnesota License #ABC123

	Full Name of Owner/Driver & DOB	Color	Make	Model	License Plate #
1.					
2.					
3.					
4.					
5.					
6.					

DESCRIPTION OF ITEMS STOLEN/DAMAGED AND VALUES

(Example: Men’s Wranglers Jeans, Size 34, worth \$49.99 each – list items individually. Itemized receipts can be used if the description on the receipt is obvious.)

1.	
2.	
3.	
4.	
5.	
6.	
7.	

TOTAL LOSS: \$ _____

DO YOU HAVE SURVEILLANCE VIDEO OF THE INCIDENT: YES _____ NO _____

WHO DOWNLOADED THE VIDEO: Full Name _____ DOB _____

DESCRIPTION OF INCIDENT

(When did this happen? Who is involved? What happened? How did it happen?)