

<b>---OFFICE USE ONLY---</b>	<b>MONTEREY COUNTY SHERIFF'S OFFICE PUBLIC COMPLETED REPORT</b>			CASE NO.	<input type="checkbox"/> MISDEMEANOR <input type="checkbox"/> MISCELLANEOUS
	REPORT DATE / /	REPORT TIME : hrs	BEAT	DOJ DATA	
	DATE OCCURRED / /	TIME OCCURRED : to : hrs	CLASSIFICATION	<input type="checkbox"/> CHILD ABUSE <input type="checkbox"/> DOMESTIC VIOLENCE <input type="checkbox"/> ELDERLY CRIME (60+) <input type="checkbox"/> OFFICER ASSAULT <input type="checkbox"/> GANG RELATED <input type="checkbox"/> FIREARM <input type="checkbox"/> HANDS/FEET <input type="checkbox"/> KNIFE <input type="checkbox"/> OTHER WEAPON	
	CODE	CRIME		ARSON <input type="checkbox"/> LOSS: CONTENTS \$ _____ <input type="checkbox"/> LOSS: STRUCTURE \$ _____ <input type="checkbox"/> LOSS: OTHER \$ _____ <input type="checkbox"/> OCCUPIED: Y N _____	

LOCATION OF OCCURRENCE (#, STREET, CITY, STATE, ZIP CODE)	DATE / /	TIME OCCURRED -- : <input type="checkbox"/> AM <input type="checkbox"/> PM
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LAST, FIRST, M.I. OR BUSINESS	ADDRESS	CITY/ZIP	<input type="checkbox"/> RESIDENCE <input type="checkbox"/> BUSINESS	PHONE ( ) -	<input type="checkbox"/> RES <input type="checkbox"/> BUS
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OCCUPATION	SEX <input type="checkbox"/> M <input type="checkbox"/> F	AGE	DATE OF BIRTH / /	LICENSE OR ID # / STATE /	PHONE ( ) -	<input type="checkbox"/> CELL <input type="checkbox"/> PAGER
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DESCRIPTION OF EVENTS (ATTACH ADDITIONAL PAGES, IF NEEDED)

DESCRIPTION OF PROPERTY (MISSING/STOLEN/LOST, ETC.):

SIGNATURE OF REPORTING PARTY BELOW (FOR MAIL IN / COUNTER REPORTS)	DATE / TIME PREPARED
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<b>---OFFICE USE ONLY---</b>	CALL BACK DATE / TIME TO REPORTING PARTY (To be completed by MCSO) / / -- : hrs	CASE STATUS (To be completed by patrol sergeant) (CHECK ONE): <input type="checkbox"/> CONTINUED <input type="checkbox"/> SUSPENDED <input type="checkbox"/> CLOSED
	COPIES TO	
	ABC _____ CHP _____ CORONER _____ CPS _____ CRIME ANALYSIS _____ CRIME PREVENTION _____	DISTRICT ATTORNEY DOJ _____ INVESTIGATIONS _____ JUVENILE INVESTIGATION _____ JUVENILE PROBATION _____ PATROL _____
		PROBATION _____ SOCIAL SERVICES _____ STATE PAROLE _____ VICTIM OF VIOLENT CRIME _____ OTHER _____
PREPARED BY:	DATE / TIME PREPARED / / -- : hrs	
SIGNATURE OF SUPERVISOR OR W/C	DATE / TIME / / -- : hrs	

**PLEASE MAKE A COPY OF THIS REPORT FOR YOUR OWN RECORDS BEFORE SUBMITTING TO THE SHERIFF'S OFFICE.**

## MONTEREY COUNTY SHERIFF'S OFFICE

### INSTRUCTIONS FOR COMPLETING THE PUBLIC REPORT FORM

1. Complete all sections in the non-shaded areas.
2. Include all information you want documented.
3. Attach additional pages, if necessary.
4. If you mention the names of other involved persons, be sure to include as much information as possible (i.e., full name, address, telephone number, etc.)
5. If you mention other involved vehicles, be sure to include the color, year, make, model and license plate.
6. Make a copy of this form for your records.
7. Mail the completed form to either one of the Stations, depending upon location of occurrence or drop off the completed form to a Community Field Office or a Station.
8. Upon receiving the report, a staff member will complete the shaded areas, assign a case number and call you with that number.