POLICE POLICE EST. 1904

CRIME INFORMATION

CLOQUET POLICE DEPARTMENT

Derek W. Randall Interim Chief of Police

101 14th STREET CLOQUET, MINNESOTA 55720-1799 records@cloquetmn.gov

Phone 218-879-1247 Fax 218-879-1190

WARNING: IT IS A CRIME TO MAKE A FALSE POLICE REPORT UNDER THE MINNESOTA STATUTE 609.505

Persons under the age of 17 must have a parent or legal guardian file the report

CRIME INFORMATION	Theft / Shoplifting				
Type of Crime:	Theft of Services / Gas Drive off		Address / Location of Crime:		
	Vandalism		Incident occurre	ed	
	Civil Problem		between time/o		
	Suspicious Activity				
	Child Custody Issue				
	Trespassing		+: / - - +		
	Lost Property		and time/date:		
	Identity Theft				
	Traffic Complaint				
	Noise Complaint				
	Other (Call 911 for E	mergencies)			
Victim - Business	Business Phone:				
Business Name:	Business Email:				
Business Address:					
Victim - Information					
Last Name:	First Name:				
Home Address:					
State:	City:		Zip Cod	de:	
Home/Cell Phone:	Email Address:				
Work Phone:		Gender:	Male Female		
Race:	Height:		Weight:		
Eye Color:	Hair Color:		Hair Style:		
Hair Length:	Driver License/ID Number:				
Driver's License State:	DOB (mm-dd-yyyy):				

Victim Vehicle Informatio	n				
Year:	Make:	M	lodel:		
Style:	Color:	Licens	e Plate(s):		
Vehicle State:	VIN Number:				
Witness Information					
Last Name:	First Name:				
Home Address:					
City:	State:		Zip Code:		
Home Phone:	Work Phone:				
Email Address:	DOB (mm-dd-yyyy):				
		Race:	Gender	: Male	Female
Height:	Weight:		Eye Color:		
Hair Color:	Hair Style:		Hair Length:		
Additional Information:					
Suspect Description Inform	mation				
Last Name:		First:			
DOB (mm-dd-yyyy):		Race:	Gender:	Male Female	
		Height:	Weight:		
Eye Color:	н	air Color:	Hair Style:		
Hair Length:	Clothir	Clothing Description:			
Additional					
descriptors (e.g., glasses, beard,					
tattoos:			Do you think you could identify the		
Additional Suspect Inform	ation:		suspect if seen	Yes No	

again?

Not Sure

Suspect Vehicle Info	rmation:		
Year:	Make:	Model:	
Style:	Color:	License Plate(s):	
State:	Additional Information:		
Property Damage or	Taken - Information		
Item 1 - Article Type	and Brand:		
Model: Estimated Value:	Quantity: Ser	Color: ial #:	
Item 2 - Article Type	and Brand:		
Model: Estimated Value:		Color: ial #:	
Item 3 - Article Type	and Brand:		
Estimated Value: Item 4 - Article Type	Quantity: and Brand:	Color:	
	Quantity:	Color:	

I affirm that this information is true and correct.

Please type your name as it appears above that his report is true and correct. Providing information that is incorrect or false on a Police Report could be a violation of Minnesota laws.

Your Signature:

Additional information (if necessary)