



LEWISTOWN POLICE DEPARTMENT  
**WALK-IN REPORT**

TODAY'S DATE & TIME: \_\_\_\_\_  
IDENTIFICATION PROVIDED (attach copy)      YES      NO

INCIDENT #: \_\_\_\_\_ (POLICE USE ONLY)  
REPORT RECEIVED BY OFFICER \_\_\_\_\_

NAME: \_\_\_\_\_  
DRIVER'S LICENSE NUMBER: \_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_\_

CIRCLE YOUR RELATIONSHIP TO THIS INCIDENT  
REPORTING PARTY / COMPLAINANT / VICTIM / WITNESS

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

PHONE: \_\_\_\_\_  
CELL PHONE: \_\_\_\_\_

DATE & TIME OF INCIDENT: \_\_\_\_\_

NATURE OF INCIDENT: \_\_\_\_\_

HAS THIS INCIDENT BEEN REPORTED IN THE PAST? YES NO

IF YES, TO WHOM: \_\_\_\_\_

LOCATION & ADDRESS OF INCIDENT: \_\_\_\_\_

DESCRIPTION OF INCIDENT:

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INDIVIDUALS INVOLVED

NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

Circle relationship to this incident  
COMPLAINANT / SUSPECT / WITNESS

DESCRIPTION OF THIS PERSON:

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NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

Circle relationship to this incident  
COMPLAINANT / SUSPECT / WITNESS

DESCRIPTION OF THIS PERSON:

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PROPERTY INVOLVED – PLEASE PROVIDE AS MUCH DETAIL AS POSSIBLE...DATE OF PURCHASE, MAKE, MODEL, SERIAL NUMBER, BRAND NAME, COLOR, AND CONTENTS. ATTACH INFORMATION SUCH AS STATEMENTS, PHOTOS, RECEIPTS.

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IF NECESSARY, USE BACK SIDE TO PROVIDE ADDITIONAL INFORMATION