



# OFFICER'S REPORT OF CITATION

CITATION INFORMATION REPORT	
CITATION NO.	
DEFENDANT:	
CHARGE(S):	
REPORTING OFFICER/ I.D. #	

INCIDENT									
LOCATION						DATE		TIME	
PREMISE NAME									
STATION		RESP AREA		JURISDICTION					
SUSPECT									
NAME: LAST, FIRST, MIDDLE								PHONE	
ADDRESS						CITY, STATE, ZIP		LIVING WITH	
FATHER'S NAME: LAST, FIRST, MIDDLE				FATHER'S ADDRESS		CITY, STATE, ZIP		PHONE	
MOTHER'S NAME: LAST, FIRST, MIDDLE				MOTHER'S ADDRESS		CITY, STATE, ZIP		PHONE	
SCHOOL				SCHOOL'S ADDRESS		CITY, STATE, ZIP		GRADE	
DOB	AGE		SEX	RACE	HEIGHT	WIEGHT	HAIR	EYES	
DRIVER'S LICENSE NO.		DL ST	SSN		FBI ID	CII NUMBER		MNID	
HOW IDENTITY OF SUSPECT WAS ESTABLISHED:									
HOW ELEMENTS OF OFFENSE WERE ESTABLISHED:									
OTHER PERTINENT INFORMATION:									

I state, declare, and certify under penalty of perjury, that the foregoing is true and correct.

\_\_\_\_\_  
Officer's signature

\_\_\_\_\_  
Date