

SINGLE COPY OF A **CRIME/INCIDENT** REPORT FORM

REQUESTING PERSON INFORMATION:

NAME/COMPANY: _____

EMAIL ADDRESS: _____ PHONE NUMBER: _____

MAILING ADDRESS: _____

OFFENSE INFORMATION:

REPORT # (IF KNOWN) _____ DATE OF OCCURRENCE: _____

LOCATION OF OCCURRENCE (STREET ADDRESS): _____

NAME OF VICTIM: _____

NAME OF SUSPECT: _____

VEHICLE INFO (MAKE/MODEL/PLATE/VIN) _____

TO SUBMIT BY **EMAIL**, SEND TO: **TPDREPORTREQUEST@TOLEDO.OH.GOV**

TO **PRINT** THIS FORM TO SUBMIT IN PERSON, US MAIL, OR VIA FAX, CLICK HERE: **PRINT**

US MAIL: INCLUDE A SELF-ADDRESSED STAMPED ENVELOPE TO:
TOLEDO POLICE DEPARTMENT
REPORTS DESK
525 N. ERIE ST.
TOLEDO, OH 43604

FAX: 419-245-3375

IN PERSON: SAFETY BLDG – 1ST FLR RECORDS
525 N. ERIE
TOLEDO, OH 43604