

Sean T. Brandenburg

Chief of Police



Key West

POLICE DEPARTMENT

CASE #

NAME:

ADDRESS: _

PHONE #

D.O.B.

HEIGHT:

WEIGHT:

EYE COLOR:

HAIR COLOR:

PLACE of BIRTH:

RACE:

SEX:

TYPE OF OFFENCE:

DATE OF OCCURRENCE:

LOCATION OF OCCURRENCE:

TIME OF OCCURRENCE: _____ AM / PM

DESCRIPTION:

VALUE: _____

SERIAL #: _____

SIGNATURE _____

DATE: _____

Signed before me this ____ day of _____ 20_ by _____

Who is personally known to me/produced ID: _____

Signature of Notary _____ Date _____

(Seal) **THIS REPORT MUST BE NOTARIZED**



RESPECT - INTEGRITY - FAIRNESS - SERVICE

Key West Police Department 1604 N. Roosevelt Blvd. Key West, FL 33040 (305) 809-1111

