



Police Department
 34009 Alvarado Niles Rd
 Union City, CA 94587
 www.ci.union-city.ca.us

Mail Report Program

1. SECTION & TITLE			
2. TITLE			
3. OTHER VIOLATIONS (CLASSIFICATION & CODE)			
a.			
b.			
4. CASE NUMBER			
5. NAME (LAST FIRST MIDDLE)		6. LOCATION OF OCCURRENCE	
7. RACE-SEX-DATE OF BIRTH	8. DATE OCCURRED	9. DAY	10. TIME
11. HOME ADDRESS	PHONE	12. PREMISE OF OCCURRENCE	
13. BUSINESS ADDRESS	PHONE	14. BUSINESS NAME	
15. DETAILS OF INCIDENT			
NOTE: IT IS A MISDEMEANOR TO MAKE A FALSE REPORT OF A CRIME (SEC 148.5 PC.)			
17. SIGNATURE	18. DATE	19. REVIEWED BY	20. PAGES OF PAGES SENT BY
21. DISPOSTION			<input type="checkbox"/> <input type="checkbox"/> ENTER DELETE _____ _____ CLETS _____ _____ PIN _____ _____ TELETYPE
ACTIVE <input type="checkbox"/> REFER <input type="checkbox"/> UNFOUNDED <input type="checkbox"/> CLEARED BY ARREST <input type="checkbox"/> CLEARED OTHER <input type="checkbox"/> SUSPENDED <input type="checkbox"/>			23. CASE NUMBER
22. ADDITIONAL COPIES			

Instructions for Mail Report Program

Please print or type. Complete the report as fully as possible. It is important to include in your report the serial numbers of any property that was stolen, damaged or lost. Do not write in the shaded areas. The shaded boxes are for Police Department use only. (boxes 1-2-3-4-19-20-21-22-23). If you have any questions, call the Union City Police Department at 510-471-1365. This document must be returned within 20 days of the reporting incident or it may be cancelled.

- BOX 5 - Enter you last, first and middle name.
- BOX 6 - Enter the street address where the incident occurred.
- BOX 7 - Enter your race, sex and date of birth.
- BOX 8 - Enter date the incident occurred or span if exact date is unknown.
- BOX 9 - Enter the day the incident occurred or span if exact day is unknown.
- BOX 10 - Enter the time the incident occurred or span if the exact time is unknown.
- BOX 11 - Enter home address and phone number.
- BOX 12 - Enter the type of premise where the incident occurred. (Example: House, Apartment, car, street, driveway, sidewalk, school, shopping center.)
- BOX 13 - Print business address and phone number including area code.
- BOX 14 - Print business name if business was the victim.
- BOX 15 - Write a summary of the incident providing as many details as possible. (Example: Bicycle left unlocked and unattended in driveway of residence. Unknown person/s removed bicycle without permission. No suspects seen).
- BOX 16 - Provide a complete description of the loss. (Example: Bicycle, Schwinn, man's, 27 inch, 10 speed, super sport model, brown frame, serial number SA 123456, state bicycle number CA 7890123, value \$250.00).
- BOX 17 - Sign your name.
- BOX 18 - Date your report.

Return this document to the Union City Police Department within 20 days initial incident. Mail your report to:

Union City Police Department
34009 Alvarado-Niles Rd.
Union City Ca, 94587
Attention: Records.