Case Number:

RICHARDSON COUNTY SHERIFF'S OFFICE
RICHARDSON COUNTY, NEBRASKA

Offense Report

Complainant:_____DOB:___/___/

Address:_____

Phone:___/___/____Place of Occurrence:_____

Report received by:_____Date:_____Time:_____

Date of Offense:____/____/_____AM/PM/UNKNOWN:_____
Detail of Offense (State all circumstances of this offense):

_____

_____

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_____

Value of Property Stolen:_____
Value of Damage of Property:_____

Officer Assigned:_____Date:_____Time:_____

The above is true to the best of my knowledge, I also fully understand that if there is an arrest made which would clear the offense described above, I will sign a complaint and appear in court as a witness against the defendant.

Complainant's Signature:_____

Officer's Signature:_____Date:_____

Rev: 05-2015

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