



RIO GRANDE COUNTY SHERIFFS OFFICE REPORT/COMPLAINT FORM

640 CHERRY ST.
DEL NORTE, CO 81132
(719) 657-4000

REPORT #

The information in this report will be reviewed by a Deputy of the Rio Grande County Sheriff's Office, who will determine what action, if any, should be taken. Should adequate probable cause exist to file formal charges, Your testimony will be required for a successful prosecution. It is a class 3 misdemeanor for any person to make a report or knowingly cause the transmission of a report to law enforcement authorities pretending to furnish information relating to an offense or other incident within their official concern, when the person has no such information or knows that the information is false, 18-8-111 CRS, as amended.

Location of Incident (including mile markers, or intersections)				County/City		Date	Time A.M P.M
Reporting Party's Name (Please print)				Home Phone		Business Phone	
Address				City		State	Zip Code
Vehicle Information	License Number	Type	State	Vehicle year	Make	Model	Color

Call taken by: _____ Phone: Internet Fax: Dispatch: Walk in: Other Agency:

DESCRIPTION OF OTHER VEHICLE (s) AND PARTY (IES) INVOLVED IN INCIDENT

Description Suspected Individual: If known, include name of , Height, Weight, Clothing, Hair, Eyes and other distinguishing features:

WOULD YOU BE ABLE TO IDENTIFY ANY OF THE INDIVIDUALS IF YOU SAW THEM AGAIN YES NO

If more than one Individual was involved, list that information on a separate sheet.

DESCRIPTION OF INCIDENT/COMPLAINT

Include details concerning the incident, traffic, speed limits, traffic signs, signals, and markings, and what the driver and/or passengers were doing in the apparent violation of Applicable Laws. If known, list names of witnesses to the incident and/or Items stolen, damaged, missing including serial numbers if available.

ADDITIONAL INFORMATION ON BACK/SECOND SHEET OF COMPLAINT FORM:

I, _____, swear or affirm that the above information is true and correct to the best of my knowledge. This statement is given of my own free will, without threats or coercion by another.

I would I would not be willing to testify in court.

Printed Name of Reporting Party				Date		Time A.M P.M	
Signature of Deputy taking report			Printed last Name		Badge Number		Shift

DISPOSITION OF INCIDENT/COMPLAINT

Deputy comments:

Was force used: Yes No
Type of Force: Officer Presence: Soft empty hand: Strong Hand:

 Intermediate Weapon: Less Lethal: Taser: Bola: Other: _____

Was a Citation/Summons Issued <input type="checkbox"/> YES <input type="checkbox"/> NO	Citation/Summons Number	Deputy Signature	Date
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Reviewed By:	Date
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