IF THIS IS AN EMERGENCY, PLEASE CALL 911

Using the Mail In Police Report allows you to submit a **non-emergency** report for incidents that occurred in the County.

Please Read Before Proceeding

Confirm the following to find out if the Mail In Police Report filing is right for you:

This is **NOT** an Emergency
There are **NO** known suspect(s) OR suspect description
This incident is **NOT** happening right now or did not just happen
You are the victim or have control/responsibility over the property
You may email the report to **sherifftips@ongov.net** or mail it to

Onondaga County Sheriff's Office

Patrol Administration

407 South State Street

Syracuse, NY 13202

Onondaga County Sheriff's Office Incident Report

<u>Onondaga County Sheriff's Office</u> <u>NY0330000</u>   _____ _____ _____
Agency   ORI   Location Code   Beat   DR-Number

OFFICIAL USE ONLY

Incident

Incident Address: _____ City: _____ NY: _____ Zip: _____

Incident Type: _____ Premise Name: _____

Occurred Date /Time: _____ To Date/Time: _____

Victim/Complainant

Name: _____ Business Name: _____
       Last   First   Middle

Alias/Nickname/Maiden Name: _____ Race: ____ Ethnicity: _____ Sex: _____

Date of Birth: _____ Age: ____ Home/Cell Phone: _____ Email: _____

Street Address: _____ City: _____ State: _____ Zip Code: _____

Employer: _____ Work Phone: _____ Occupation: _____

Street Address: _____ City: _____ State: _____ Zip Code: _____

Subject Description, action, etc.: _____

Other Involved Person 1

Name: _____ Business Name: _____
       Last   First   Middle
Alias/Nickname/Maiden Name: _____ Race: ____ Ethnicity: _____ Sex: _____

Date of Birth: _____ Age: ____ Home/Cell Phone: _____ Email: _____

Street Address: _____ City: _____ State: _____ Zip Code: _____

Employer: _____ Work Phone: _____ Occupation: _____

Street Address: _____ City: _____ State: _____ Zip Code: _____

Subject Description, action, etc.: _____

Onondaga County Sheriff's Office Incident Report

Other Involved Person 2

Name: _____ Business Name: _____

             Last   First   Middle

Alias/Nickname/Maiden Name: _____ Race: _____ Ethnicity: _____ Sex: _____

Date of Birth: _____ Age: _____ Home/Cell Phone: _____ Email: _____

Street Address: _____ City: _____ State: _____ Zip Code: _____

Employer: _____ Work Phone: _____ Occupation: _____

Street Address: _____ City: _____ State: _____ Zip Code: _____

Subject Description, action, etc.: _____

Property 1
CODE 01=Lost   02=Stolen   03=Damage

Owner: _____ Status Code: _____ Description _____

Quantity: _____ Make: _____ Model: _____

Serial Number: _____ Value: $_____

Property 2
CODE 01=Lost   02=Stolen   03=Damage

Owner: _____ Status Code: _____ Description _____

Quantity: _____ Make: _____ Model: _____

Serial Number: _____ Value: $_____

Property 3
CODE 01=Lost   02=Stolen   03=Damage

Owner: _____ Status Code: _____ Description _____

Quantity: _____ Make: _____ Model: _____

Serial Number: _____ Value: $_____

Onondaga County Sheriff's Office Incident Report

Vehicle 1
CODE 01= Damage   02= Used In Crime   03=Observed

Owner: _____ Status Code: _____ Description _____

Year: _____Make: _____ Model: _____

Plate: _____ State: _____ VIN: _____

Value: $_____

Vehicle 2
CODE 01= Damage   02= Used In Crime   03=Observed

Owner: _____ Status Code: _____ Description _____

Year: _____Make: _____ Model: _____

Plate: _____ State: _____ VIN: _____

Value: $_____

Narrative

Onondaga County Sheriff's Office Incident Report

Narrative Continued