



**IMPERIAL COUNTY SHERIFF'S OFFICE**  
**RAYMOND LOERA**  
 SHERIFF•CORONER•MARSHAL



**APPLICATION FOR CRIME / INCIDENT REPORT**

CR# \_\_\_\_\_

**Applicant:** \_\_\_\_\_ **Address:** \_\_\_\_\_ **City/State/Zip** \_\_\_\_\_

**Phone Home:** \_\_\_\_\_ **Date of Incident:** \_\_\_\_\_ **Date Reported** \_\_\_\_\_

**Work:** \_\_\_\_\_

**Location of Incident:** \_\_\_\_\_ **Type of Incident:** \_\_\_\_\_ **Reporting Party:** \_\_\_\_\_

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**PARTY OF INTEREST**  
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**\*\*\*\* INSURANCE COMPANIES ONLY \*\*\*\***

\_\_\_\_ Person Involved (specify) \_\_\_\_\_  
 \_\_\_\_ Other party of interest \_\_\_\_\_  
 \_\_\_\_ Property Owner \_\_\_\_\_  
 \_\_\_\_ Authorized Individual\* \_\_\_\_\_  
 \_\_\_\_ Attorney\* / name: \_\_\_\_\_

\_\_\_\_ Name of Insurance Agent \_\_\_\_\_  
 \_\_\_\_ Name of Insured \_\_\_\_\_  
 \_\_\_\_ Policy or Claim Number \_\_\_\_\_  
 \_\_\_\_ Insurance Company name \_\_\_\_\_

*\*Signed authorization required of individual represented*

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**CERTIFICATION**  
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*I declare, under the penalty of Perjury that \_\_\_\_\_ I am, \_\_\_\_\_ I Represent, \_\_\_\_\_ I am an Attorney, representing the party of interest identified in the report recorded hereon.*

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Mod. 7/15/09