

18 Locust St
Gallipolis, OH 45631
Phone: (740) 446-1221
Fax: (740) 441-2098



GALLIA COUNTY
SHERIFF'S
SHERIFF MATT CHAMPLIN
OFFICE



CITIZEN SELF-REPORT FORM INSTRUCTIONS

YOU MUST READ THIS DOCUMENT FIRST!

Please be advised that according to ORC 2921.13, that making false statements to the police or any government representatives or officials under certain circumstances is illegal. Falsely reporting an emergency incident is a misdemeanor, and, upon conviction thereof, the individual shall be fined not more than five hundred dollars or confined in the county jail not more than six months, or both fined and confined. False reporting of an emergency incident is defined as reports to a law-enforcement officer or agency the alleged occurrence of any offense or incident which did not in fact occur.

What is this form used for? This form is intended to provide a convenient option for citizens to report certain crimes and/or incidents. This report form may be used for theft (less than \$1000.00 in value), destruction of property, breaking and entering into vehicles, or any offense that you are directed to do so by the Gallia County 911 dispatcher. Crimes/incidents reported on this form must have occurred within the jurisdiction of Gallia County Ohio.

What is this form NOT used for? This form is not to be used for violent crimes against a person (such as assault or stalking), a missing person, when there is evidence to be collected, when the serial number of stolen property is available, or reporting the theft of medication. For reporting Internet fraud, including suspicious e-mails without a known local source, visit the FBI Internet Crime Complaint Center at www.ic3.gov. If you are reporting an immediate emergency you should always dial 9-1-1.

Who may complete this form? Only adults (18 years old and above) who are the owner of the property, a family member, or legal guardian may make a report.

Will an officer contact me? Not necessarily. An officer may contact you if the department needs to follow up with you about a suspect or information in your case. You may also specifically request on the report form that an officer contact you. In this case, the department endeavors to respond as timely as possible but cannot promise any specific response or response time.

What do I need to begin the report? You must know what type of incident you are reporting, the value of the damaged/stolen property, and when and where the incident occurred.

How do I get started? Fill out the form completely and accurately. Please print neatly and legibly. Write a statement providing us with as much information as you know about this case in the space provided. If you provided suspect information, you must describe why you believe the individual is involved. A suspect is an individual who is linked to the crime by eyewitness testimony or physical evidence. If lacking an eyewitness or physical evidence, please list your suspicions in the narrative section.

When do I get an incident/offense case number? You should be able to obtain an incident/offense case number for your report after one (1) business day and a full copy of the report within three (3) business days of returning this form to the Gallia County Sheriff's Office.

What do I do when I'm finished? Return the completed and signed report by email or in person only to:

Gallia County Sheriff's Office
18 Locust Street
Gallipolis, OH 45631
or
email: galliacosheriff@gmail.com

What if I have questions? Please call during business hours Monday-Friday at (740)446-4617.



INCIDENT INFORMATION

TYPE OF CRIME (CHECK ONE): THEFT (UNDER \$1000) CAR BREAK-IN
 HARASSING CALLS DESTRUCTION OF PROPERTY VANDALISM/GRAFFITI
 FORGERY/UTTERING FALSE PRETENSES (FRAUD)

CRIME OCCURRED BETWEEN THE FOLLOWING DATES AND TIMES:
DATE: _____ DATE: _____
TIME: _____ TIME: _____

EXACT LOCATION OF CRIME: _____

LOCATION/BUSINESS NAME: _____

COMPLAINANT/VICTIM INFORMATION

NAME: _____

RESIDENCE STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ OTHER PHONE: _____

DATE OF BIRTH: _____ DRIVER'S LICENSE STATE AND NUMBER: _____

GENDER: _____ RACE: _____ ETHNICITY: _____

EMAIL ADDRESS: _____

OTHER PERSON INFORMATION (IF APPLICABLE)

SELECT ONE: SUSPECT WITNESS OTHER

NAME: _____

RESIDENCE STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ OTHER PHONE: _____

DATE OF BIRTH: _____ DRIVER'S LICENSE STATE AND NUMBER: _____

GENDER: _____ RACE: _____ ETHNICITY: _____

HEIGHT: _____ WEIGHT: _____ EYE COLOR: _____ HAIR COLOR: _____

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VEHICLE INFORMATION (IF APPLICABLE)

VEHICLE #1 BELONGS TO: COMPLAINANT/VICTIM SUSPECT
YEAR: _____ MAKE: _____ MODEL: _____ COLOR: _____
BODY STYLE: _____ LICENSE #: _____ STATE: _____
VIN: _____ DAMAGE AMOUNT: \$ _____

VEHICLE #2 BELONGS TO: COMPLAINANT/VICTIM SUSPECT
YEAR: _____ MAKE: _____ MODEL: _____ COLOR: _____
BODY STYLE: _____ LICENSE #: _____ STATE: _____
VIN: _____ DAMAGE AMOUNT: \$ _____

PROPERTY INFORMATION

ITEM #1 WAS: STOLEN DAMAGED # of ITEMS: _____ VALUE: \$ _____
MAKE: _____ MODEL: _____ COLOR: _____
SERIAL #: _____ DESCRIPTION: _____

ITEM #2 WAS: STOLEN DAMAGED # of ITEMS: _____ VALUE: \$ _____
MAKE: _____ MODEL: _____ COLOR: _____
SERIAL #: _____ DESCRIPTION: _____

ITEM #3 WAS: STOLEN DAMAGED # of ITEMS: _____ VALUE: \$ _____
MAKE: _____ MODEL: _____ COLOR: _____
SERIAL #: _____ DESCRIPTION: _____

ITEM #4 WAS: STOLEN DAMAGED # of ITEMS: _____ VALUE: \$ _____
MAKE: _____ MODEL: _____ COLOR: _____
SERIAL #: _____ DESCRIPTION: _____

ITEM #5 WAS: STOLEN DAMAGED # of ITEMS: _____ VALUE: \$ _____
MAKE: _____ MODEL: _____ COLOR: _____
SERIAL #: _____ DESCRIPTION: _____

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NARRATIVE

PLEASE DESCRIBE THE CRIME OR EVENT THAT OCCURRED (WHO, WHAT, WHEN, WHERE, WHY, HOW):

Please check here if additional pages are attached. Number of attached pages: ____

- I Do Not Require Officer Contact
- I Request Officer Contact
- Case Number for Insurance/Information Only

I have read each page of this statement. Any corrections have my initials. I certify (or declare) under penalty of perjury under the laws of the State of Ohio that the foregoing statement is true, correct, and accurate.

SIGNATURE

DATE

FOR DEPARTMENTAL USE ONLY	
Received by: _____	Date Received: _____
Approving Supervisor: _____	
Case Report Number: _____	Case Status: _____