

# Crime Reporting System

Welcome to the Middleton Police Department Crime Reporting System.

**If this is an Emergency please call 911.**

This form is designed to make it easier and more convenient for you to report certain crimes and other incidents to the Middleton Police Department. However, not every crime can be reported using the online system. Before continuing please confirm the following:

- |  |                          |    |
|--|--------------------------|----|
| 1. Is this an Emergency?                                 | <input type="checkbox"/> | No |
| 2. Did the incident occur outside the Town of Middleton? | <input type="checkbox"/> | No |
| 3. Is the incident still happening at this time?         | <input type="checkbox"/> | No |
| 4. Do you know who the suspect is?                       | <input type="checkbox"/> | No |
| 5. Is there a crime scene or other physical evidence?    | <input type="checkbox"/> | No |

If you answered **yes** to any of the above questions, please contact you local police department or **call 911** .

I understand that it is a misdemeanor to make a false report of a crime, punishable by fines up to \$500 and imprisonment of one year in a House of Corrections (MGL c269 s13A)

\* Denotes Required Fields

## Section 1: Crime Details

\* Type of Crime

When did it happen  
\* Start Date

End Date

Crime Location  
\*Address

Business Name

What Happened

On or between which dates do you think the crime took place. If you know the exact date use the first box only. Enter in dd/mm/yyyy format.

- For Example:
- Inside the premises at 65 North Main Street
  - In the street near 65 North Main Street

**Section 2: Your Details:**

* Are You	<input type="text" value="Please Select"/>	<b>Note;</b> If you are reporting on behalf of someone else please complete section 3 as well.
Title	<input type="text"/>	What time can we contact you <input type="text"/>
*First Name:	<input type="text"/>	*Street Address Line 1 <input type="text"/>
		Street Address Line 2 <input type="text"/>
*Last Name:	<input type="text"/>	* City/Town <input type="text"/>
		Zip Code <input type="text"/>
*Date of Birth:	<input type="text" value="Please Select"/>	MMDDYYYY, no "/" or "-"
Preferred Contact Number	<input type="text"/>	Other Contact Number <input type="text"/>
Mobile Phone Number	<input type="text"/>	E-mail Address <input type="text"/>

**Section 3: Reporting on behalf of someone else**

Their Information

Title	<input type="text"/>	What time can we contact them <input type="text"/>
First Name:	<input type="text"/>	Street Address Line 1 <input type="text"/>
		Street Address Line 2 <input type="text"/>
Last Name:	<input type="text"/>	City/Town <input type="text"/>
Gender:	<input type="text" value="Please Select"/>	Zip Code <input type="text"/>
Date of Birth:	<input type="text"/>	MMDDYYYY, no "/" or "-"
Preferred Contact Number	<input type="text"/>	Other Contact Number <input type="text"/>
Mobile Phone Number	<input type="text"/>	E-mail Address <input type="text"/>

**Section 4: Property and/or vehicle Information**

**Do Not Use This Form To Report A Stolen Vehicle**

**Property Detail: Item 1**

Description:  Make:

Model:  Serial Number:

Description:  Value:

**Property Detail: Item 2**

Description:  Make:

Model:  Serial Number:

Description:  Value:

**Property Detail: Item 3**

Description:  Make:

Model:  Serial Number:

Description:  Value:

**Vehicle Involvement and Details:**

Involvement:

Make:  Model:

Color:

Registration Number and State:

Please provide any additional information below:

**Please Note:**

- You may wish to keep a copy of the form for your records before you click submit.
- You will be contacted by an investigating officer within 72 hours.

You may bring this form to the Middleton Police Department, fax it or send by mail:

Middleton Police Department  
65 N. Main Street  
Middleton, MA 01949

Fax: 978-774-4466

Type of Crime - Drop down box:

- Bicycle Theft
- Theft from a Motor Vehicle
- Other Theft
- Hate Crime
- Lost Property
- Harassing Phone Calls
- Vandalism
- Noise Complaint

Are You – Drop down box

- The victim
- Reporting on behalf of someone else
- Witness

Gender – Drop down box

- Male
- Female
- Not Specified

Property Description – Drop down box

- Lost
- Damaged
- Stolen

Vehicle Involvement – Drop down box

- Theft From
- Damaged
- Suspect Vehicle
- Hit and Run Suspect