

*****KINSTON 'RQNIEG'F GRCTVO GP V



RECORDS DIVISION

205 E. King St. Kinston, NC 28502
(252) 939-3160 / (252) 939-3220



Official Incident/Investigation Report

(To be hand delivered, faxed to (252)939-3790 or emailed to
Police.Records@ci.kinston.nc.us)

Instructions: With an effort to provide more efficient and effective police and fire service our department is implementing self-generated reports. These reports will be available at the Kinston Police Department and on our website. These reports will allow citizens and visitors of our community to file police reports with quickness and ease. Reports for incidents within the city limits of Kinston will be taken. The report is to be filled out and signed by the reporting person. It is very important to leave an accurate address and contact number so if follow-up investigation is necessary, the appropriate division will be able to do so. All cases will be investigated in the same manner as if an officer were taking the report. Each will be reviewed by an officer and supervisor for appropriate attention. Victims/Reportees may obtain copies of the completed report two days after filing through this method.

What type of crime or incident are you reporting? _____

Information Needed For Incident Report

Date/Time of Incident _____ Location of Incident _____

Date/Time Found _____ Date/Time Last Known Secure _____

Reporting Person _____ Telephone #(s) _____

Address _____ Date of Birth _____

Reporting Person's Race/Sex/Ethnicity _____ Relationship to Offender (if known) _____

Reporting Person's Employer's Name/Address/Phone # _____

Please describe the incident or crime that occurred. Provide as much detail as possible.

Provide suspect information if known. If not, check the following. Unknown Suspect

Suspect's Name _____ Telephone # _____

Address _____ Date of Birth _____

Race/Sex/Ethnicity _____ Relationship to Offender (if known) _____

Employer's Name/Address/Phone # _____

Description of Suspect _____

Please fill out the information below on any additional victims, suspects, witnesses or others involved.

Additional Person's Name _____ Date of Birth _____

Involvement (Suspect/Victim/Witness) _____ Telephone #(s) _____

Address _____

Race/Sex/Ethnicity _____ Relationship to Offender (if known) _____

Employer's Name/Address/Phone # _____

Additional Person's Name _____ Date of Birth _____

Involvement (Suspect/Victim/Witness) _____ Telephone #(s) _____

Address _____

Race/Sex/Ethnicity _____ Relationship to Offender (if known) _____

Employer's Name/Address/Phone # _____

Vehicle Information (if needed) _____

Additional Information

Reporting Person's Signature _____