## DAVIS COUNTY COMPLAINT QUESTIONNAIRE

1. CC	<b>MPLAIN</b>	IANT:	(Officer):					Agency:			
				Agency: Agency Case #:							
								3			
			<b>Prosecutor:</b> If the bo								
co	mplaining o	officer w	then screening the case a	it the fo	ollowing	g cell ph	one numbe	er:			
2. DE	EFENDAN	VT(S):									
		A.	Name					DOB			
			Address								
		B.	Name					DOB			
			A ddmaga					<del></del>			
		C.	Nomo					DOB			
		Ċ.	Address								
3. RF	OUESTE	D OF	FENSE(S):								
0. 112	_						N.T. 1	WARD AND		CID O	<b>ton</b> ia
		,	s) (Check)				Need:	WARRANT		SUMN	10NS
Α	_ B		1. Crime	1	ard	and	1 <sup>st</sup>	USC Cita			
			(Check one) Fe	lony	3 _	=		Misd	Α_	B	C
	D		Date of Offense				Location				
Α	B	_ C _	2. Crime	1	ard	2 <sup>nd</sup>	1 <sup>st</sup>	USC Cita			
			(Check one) Fe	lony	3" _				Α_	B	C
	_	~	Date of Offense				Location				
Α	B	_ C _	3. Crime		o rd	2 <sup>nd</sup>	, st	USC Cita			
			(Check one) Fe	lony	314 _				Α_	B	_ C
	_	_	Date of Offense				Location				
Α	B	_ C _	4. Crime		- rd	2 <sup>nd</sup>	, et	USC Cita			
			(Check one) Fe	lony	314 _				Α_	B	C
			Date of Offense				Location				
4. PH	YSICAL !	EVIDI	ENCE (Weapons, fir	ngerni	rints r	hotos	controlle	ed substances	etc.)		
				•				a substances,	,		
1	Description	n of Ev	ridence	Pro	esent I	Locatio	n		C	hain	
Comn	nents: (no	te any	special circumstance	es):							

**5. WITNESSES** (Officer complete all but "PH" & "T");

Police Witnesses	Agency	Phone No.	PH	T				
Restitution Amount(s)								

Restitution Amount(s)	
Payable To	

Victims	DOB & Age	Race	Address	Phone No.		PH	T
				Н			
				W			
				С			
				Н			
				W			
				С			
				Н			
				W			
				С			

Witness	Age if Minor	Address		Phone No.	PH	T
	IVALIOI		Н			
			W			
			С			
			Н			
			W			
			С			
			Н			
			W			
			С			
			Н			
			W			
			С			
			Н			
			W			
			С			
			Н			
			W			
			С			
			Н			
			W			
			С			
			Н			
			W			
			С			