CITIZEN ADDITIONAL / SUPPLEMENTAL INFORMATION REPORT

Oakland Police Department
455 Seventh Street, Records (3rd Floor)
Oakland, CA 94607-3956

For Departmental Use Only

RD No.

Type or Print in non-erasable black ink

❒ ADDITIONAL INFORMATION	Check this box if you need more space for your report.	Today's Date
❒ SUPPLEMENTAL REPORT	Check this box if you have previously made a **WRITTEN** report of the incident and wish to add information.	Original Report Date / RD No. (if known)

LAST Name, First, Middle	Date of Birth
Residence City ❒ Oakland Zip	Day Phone ( ) Night Phone ( )
Address or Location Where Incident Occurred	Date Occurred Mo. Day Yr. / Time ❒ AM ❒ PM

Additional / Supplemental Information