



IMPORTANT

THIS FORM MUST BE COMPLETED BY THE CITIZEN

(THE SHADED AREAS ARE RESERVED FOR THE POLICE)

IMPORTANT INFORMATION TO COMPLETE THE FORM

- 1. COMPLETE THE FORM BY COMPUTER OR USE A PEN**
- 2. IF THE FORM IS COMPLETED IN WRITING, PLEASE WRITE LEGIBLY IN BLOCK LETTERS**
- 3. IF THE FORM IS COMPLETED BY COMPUTER, PLEASE PRINT IT OUT**
- 4. SIGN THE FORM WITH BLUE INK**
- 5. IF YOU WISH TO DECLARE STOLEN GOODS, PLEASE COMPLETE THE «LIST OF STOLEN GOODS» FORM OPE-015 (AVAILABLE ON OUR WEB SITE)**
- 6. BRING THE FORM TO THE RECEPTION ATTENDANT AT ONE OF THE FOLLOWING POLICE STATIONS :**

699, CURÉ-POIRIER OUEST	4800, RUE LECKIE
LONGUEUIL, QUÉBEC J4J 2J1	LONGUEUIL (SAINT-HUBERT), QUÉBEC J3Z 1H4
- 7. PRESENT AN OFFICIAL PIECE OF IDENTIFICATION WITH A PICTURE**
- 8. RETURN ALL PAGES OF THE FORM ALONG WITH SUPPORTING DOCUMENTS TO THE POLICE OFFICER OR RECEPTION ATTENDANT**

**THE POLICE OFFICER OR RECEPTION ATTENDANT WILL PROVIDE YOU WITH A COPY
OF THE REPORT AT YOUR REQUEST**



District Nord Sud

NUMÉRO D'ÉVÉNEMENT PRINCIPAL									

NUMÉRO D'ÉVÉNEMENT									

▶ SHADED AREAS ARE RESERVED FOR POLICE PERSONNEL

▶ PLEASE WRITE LEGIBLY IN BLOCK LETTERS

CODES D'ÉVÉNEMENTS <i>(S'il s'agit d'une tentative, encerclez le T avant le code)</i>				
T	T	T	T	T

DESCRIPTION DE L'ÉVÉNEMENT

OCCURRED BETWEEN YYYY MM DD TIME HH:MM :	AND YYYY MM DD TIME HH:MM :	DAY S M T W T F S	REPORTED ON YYYY MM DD TIME HH:MM :
LOCATION OF EVENT FACING <input type="checkbox"/> BESIDE <input type="checkbox"/> NEAR <input type="checkbox"/> BEHIND <input type="checkbox"/> DIAGONAL TO <input type="checkbox"/> INTERSECTION <input type="checkbox"/> DIRECTION N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/>	STREET TYPE ADDRESS APT. BOROUGH / TOWN POSTAL CODE SECTEUR - ILÔT - ATOME		
		BCH <input type="checkbox"/> BRD <input type="checkbox"/> GRP <input type="checkbox"/> LEM <input type="checkbox"/> LGM <input type="checkbox"/> SBR <input type="checkbox"/> SLB <input type="checkbox"/> SHU <input type="checkbox"/>	

LOCATION EVENT (MAXIMUM 1 choice)

DWELLING <input type="checkbox"/> 40 Camp, cottage, mobile home <input type="checkbox"/> 38 Building on property <input type="checkbox"/> 03 Hotel, motel, rooming house, etc. <input type="checkbox"/> 01 Single-family dwelling <input type="checkbox"/> 02 Apartment building (apartment block)	FINANCIAL INSTITUTIONS <input type="checkbox"/> 73 Bank <input type="checkbox"/> 74 Credit union <input type="checkbox"/> 75 Financial institution <input type="checkbox"/> 41 Automatic banking machine	<input type="checkbox"/> 04 Commercial building <input type="checkbox"/> 80 Plant	<input type="checkbox"/> 08 Public transit facility <input type="checkbox"/> 29 Storing location <input type="checkbox"/> 31 Place of worship <input type="checkbox"/> 11 Marina <input type="checkbox"/> 10 Park, water park, open area <input type="checkbox"/> 23 Bicycle path <input type="checkbox"/> 19 Police station <input type="checkbox"/> 16 Prison <input type="checkbox"/> 15 Homeless shelter <input type="checkbox"/> 62 Meeting room <input type="checkbox"/> 05 Outdoor <input type="checkbox"/> 25 Vacant lot <input type="checkbox"/> 09 Public roadway <input type="checkbox"/> 99 Other
RESTAURANTS, BARS, GAMING HOUSE <input type="checkbox"/> 52 Afterhours bar <input type="checkbox"/> 51 Club, night club <input type="checkbox"/> 53 Afterhours bar <input type="checkbox"/> 55 Restaurant <input type="checkbox"/> 60 Gaming house <input type="checkbox"/> 50 Bar, tavern	BUSINESS <input type="checkbox"/> 76 Other type of business <input type="checkbox"/> 81 Agricultural building <input type="checkbox"/> 26 Sugar shack <input type="checkbox"/> 61 Shopping centre <input type="checkbox"/> 77 Construction site <input type="checkbox"/> 39 Car dealership <input type="checkbox"/> 70 Convenience store <input type="checkbox"/> 58 Warehouse <input type="checkbox"/> 71 Grocery store <input type="checkbox"/> 72 Garage, service station	PUBLIC PLACES <input type="checkbox"/> 28 Airport <input type="checkbox"/> 14 University, CEGEP, adult education centre, college <input type="checkbox"/> 30 Recreation centre, arena <input type="checkbox"/> 63 Ski resort <input type="checkbox"/> 18 Court house <input type="checkbox"/> 37 In a taxi <input type="checkbox"/> 27 In a vehicle <input type="checkbox"/> 36 In a public transit vehicle <input type="checkbox"/> 12 School - supervised activities <input type="checkbox"/> 13 School - unsupervised activities <input type="checkbox"/> 07 Public institution <input type="checkbox"/> 66 Fairground <input type="checkbox"/> 34 Daycare	

LOCATION OF ENTRANCE TO PREMISES (MAXIMUM 1 choice)

<input type="checkbox"/> 01 Air vent	<input type="checkbox"/> 04 Front window	<input type="checkbox"/> 07 Ceiling	<input type="checkbox"/> 10 Front door	<input type="checkbox"/> 13 Display window	<input type="checkbox"/> 16 Basement window
<input type="checkbox"/> 02 Stairway	<input type="checkbox"/> 05 Side window	<input type="checkbox"/> 08 Floor	<input type="checkbox"/> 11 Side door	<input type="checkbox"/> 14 Roof	<input type="checkbox"/> 17 Fence
<input type="checkbox"/> 03 Back window	<input type="checkbox"/> 06 Wall	<input type="checkbox"/> 09 Back door	<input type="checkbox"/> 12 Garage door	<input type="checkbox"/> 15 Skylight	<input type="checkbox"/> 99 Other

MEANS USED TO COMMIT OFFENCE (MAXIMUM 1 choice)

<input type="checkbox"/> 05 No sign of breaking and entering	<input type="checkbox"/> 41 Removed	<input type="checkbox"/> 45 Hinges removed	<input type="checkbox"/> 48 Explosive substance	<input type="checkbox"/> 03 Pocket picking
<input type="checkbox"/> 46 Hiding place	<input type="checkbox"/> 04 Forced entry	<input type="checkbox"/> 44 Perforation below lock	<input type="checkbox"/> 42 Cut off	<input type="checkbox"/> 01 Shoplifting
<input type="checkbox"/> 47 Inside accomplice	<input type="checkbox"/> 40 Smashed in/broken down	<input type="checkbox"/> 43 Lock removed	<input type="checkbox"/> 50 Broken window	<input type="checkbox"/> 02 Pursesnatching

ITEM(S) STOLEN (MAXIMUM 5 choices)

Weapons <input type="checkbox"/> RW Restricted weapon <input type="checkbox"/> CA Rifle <input type="checkbox"/> FU Shotgun <input type="checkbox"/> AR Other firearm	Miscellaneous <input type="checkbox"/> AV Car accessory <input type="checkbox"/> AL Alcohol <input type="checkbox"/> AA Household appliance <input type="checkbox"/> SC Scientific equipment <input type="checkbox"/> AM Household item <input type="checkbox"/> AP Personal item <input type="checkbox"/> AI Airplane <input type="checkbox"/> BT Boat <input type="checkbox"/> BI Bicycle, tricycle <input type="checkbox"/> CG Consumer good <input type="checkbox"/> BJ Jewellery <input type="checkbox"/> DP Drugs and precursors <input type="checkbox"/> EB Office equipment <input type="checkbox"/> EX Explosif <input type="checkbox"/> EP Photographic equipment <input type="checkbox"/> ES Sports equipment <input type="checkbox"/> GA Gas	Miscellaneous <input type="checkbox"/> IM Musical instrument <input type="checkbox"/> JV Video game <input type="checkbox"/> LC Card reader <input type="checkbox"/> BM Construction materials <input type="checkbox"/> MO Machine tools <input type="checkbox"/> MA Tape recorder <input type="checkbox"/> MT Metal <input type="checkbox"/> OA Work of art <input type="checkbox"/> OR Computer <input type="checkbox"/> PM Purse, wallet <input type="checkbox"/> RE Household trailer <input type="checkbox"/> RA Sound system <input type="checkbox"/> TB Tobacco <input type="checkbox"/> TL Telephone (lane line or cell) <input type="checkbox"/> TV Television <input type="checkbox"/> AU Other object	Monetary value <input type="checkbox"/> AC Common share <input type="checkbox"/> CC Credit card <input type="checkbox"/> ID Identity document <input type="checkbox"/> II ID information <input type="checkbox"/> VD SAAQ document <input type="checkbox"/> MV Money order, traveller's cheque <input type="checkbox"/> MC Canadian currency <input type="checkbox"/> ME Foreign currency <input type="checkbox"/> BC Government bond <input type="checkbox"/> OD Bond <input type="checkbox"/> PP Passport <input type="checkbox"/> OV Other securities <input type="checkbox"/> OO Unknown
Vehicles <input type="checkbox"/> RC Commercial trailer <input type="checkbox"/> VA Automobile <input type="checkbox"/> VC Construction vehicle, farming equipment <input type="checkbox"/> VJ Toy vehicle <input type="checkbox"/> VM Motorcycle / scooter <input type="checkbox"/> VL truck and trailer unit (8-wheel, 12-wheel, semi-trailer) <input type="checkbox"/> VN Snowmobile <input type="checkbox"/> VT Truck, van, bus, recreational vehicle <input type="checkbox"/> VO Other motorized vehicles, (all terrain, go-kart, amphibious, dune buggy)			

AMOUNT	ROUND OFF FIGURES STOLEN OR INVOLVED _____ \$ DAMAGES _____ \$
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IDENTIFICATION OF THE PERSON FILING THE COMPLAINT

STATUT	NAME		FIRST NAME		COULD YOU IDENTIFY THE SUSPECT	YES <input type="checkbox"/>	NO <input type="checkbox"/>
DATE OF BIRTH (YY-MM-DD)	AGE	SEX M <input type="checkbox"/> F <input type="checkbox"/>	CORRESPONDENCE LANGUAGE	PROFESSION	WORK PHONE		
STREET TYPE ADDRESS		APT.		BOROUGH / TOWN		POSTAL CODE	
EMAIL ADDRESS:			CELLULAR <input type="checkbox"/>	PAGER <input type="checkbox"/>	HOME PHONE		

À L'USAGE DES POLICIERS (RESERVED FOR POLICE FORCE)

NOM, PRÉNOM (en lettres moulées)	MATRICULE	SIGNATURE	ÉQUIPE
NOM, PRÉNOM DU COÉQUIPIER (en lettres moulées)	MATRICULE	SIGNATURE	DATE (AAAA-MM-JJ)
VÉRIFIÉ PAR	MATRICULE	ALIMENTÉ AU MIP PAR (en lettres moulées)	MATRICULE



NUMÉRO D'ÉVÉNEMENT									
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VEHICLE INVOLVED					
STATUT	MAKE	MODEL	YEAR	STYLE	
COLOR (inside / outside)		LICENCE PLATE	PROVINCE / STATE	SERIAL NUMBER	
DRIVER'S LICENCE AND/OR REGISTRATION LEFT IN VEHICLE		CAR INSURANCE	COMPANY	POLICY NO.	EXPIRY DATE (YYYY-MM)
YES <input type="checkbox"/> NO <input type="checkbox"/>		<input type="checkbox"/> YES <input type="checkbox"/> NO			

VEHICLE OWNER (check off if same as complainant) <input type="checkbox"/>					
STATUT	NAME			FIRST NAME	COULD YOU IDENTIFY THE SUSPECT
DATE OF BIRTH (YY-MM-DD)			AGE	SEX M <input type="checkbox"/> F <input type="checkbox"/>	PROFESSION
CORRESPONDENCE LANGUAGE		WORK PHONE			
STREET TYPE	ADDRESS	APT.	BOROUGH / TOWN	POSTAL CODE	
EMAIL ADDRESS:			CELLULAR <input type="checkbox"/>	PAGER <input type="checkbox"/>	HOME PHONE

DESCRIPTION (Describe how the event occurred and what you observed)

DAMAGES (Describe the nature and cause of the damages)

NOTICE

Section 140 of the *Criminal Code* stipulates that everyone who, «with intent to mislead, causes a peace officer to enter on or continue an investigation by reporting that an offence has been committed when it has not been committed, is liable to imprisonment for a term not exceeding five (5) years.»

I, undersigned, attest that the information provided in this document is true and accurate.

SIGNATURE OF COMPLAINANT	DATE (YY-MM-DD)	TIME

COMMENTAIRES DU POLICIER (RESERVED FOR POLICE FORCE)

LISTE DES OBJETS VOLÉS ANNEXÉE (OPE-015) OUI <input type="checkbox"/> NON <input type="checkbox"/>
UNE COPIE DU RAPPORT A ÉTÉ REMISE AU PLAIGNANT <input type="checkbox"/>