



**MERCED COUNTY DISTRICT ATTORNEY  
BUREAU OF INVESTIGATION**

550 W Main Street, Merced, CA 95340  
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**DISTRICT ATTORNEY  
Kimberly R.H. Lewis**

**CHIEF INVESTIGATOR  
Bimley West, Jr.**

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**RURAL CRIMES COMPLAINT FORM**

**PLEASE INCLUDE COPIES OF ALL SUPPORTING DOCUMENTS INCLUDING PERSONAL IDENTIFICATION  
AND ANY OTHER INFORMATION YOU FEEL COULD AID IN THE REVIEW OF THIS COMPLAINT**

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**COMPLAINANT:**

Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Address: \_\_\_\_\_

Home Telephone #: \_\_\_\_\_

\_\_\_\_\_  
City State Zip

Work Telephone #: \_\_\_\_\_

Cell Telephone #: \_\_\_\_\_

E-mail: \_\_\_\_\_

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**SUSPECT INFORMATION:**

Name: \_\_\_\_\_

Home Telephone # \_\_\_\_\_

Address: \_\_\_\_\_

Work Telephone # \_\_\_\_\_

\_\_\_\_\_  
City State Zip

Cell Telephone # \_\_\_\_\_

Name: \_\_\_\_\_

Home Telephone # \_\_\_\_\_

Address: \_\_\_\_\_

Work Telephone # \_\_\_\_\_

\_\_\_\_\_  
City State Zip

Cell Telephone # \_\_\_\_\_

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**DETAILS:**

Date of Occurrence: \_\_\_\_\_

Amount of Loss: \_\_\_\_\_

Location of Occurrence : \_\_\_\_\_

Owner Applied Number (OAN)? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have witnesses? Yes \_\_\_\_\_ No \_\_\_\_\_

Name(s), Address(es), and Telephone Number(s) of Witness(es): \_\_\_\_\_

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