



Theft Report

Name of Victim _____ DOB _____
Last First MI

SSN # or DL# _____ Address _____

Phone# _____

Theft Occurred between the Dates of _____ and _____

Theft Occurred between the Time of _____ and _____

Address that the theft occurred at _____

Was a Building, Structure, and/ or vehicle entered into during the theft? YES / NO

Was the Building, Structure, and/ or vehicle locked? YES / NO

List of Items taken below:

Description:	Make	Model	Serial and/or Model #	Value
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____

(Use the back of this page if more items are needed)

Describe to the best of your ability what happened:

Suspect Information if any:

Signature: _____

Date: _____