



KEIZER POLICE DEPARTMENT PROPERTY LOSS REPORT

INCIDENT NUMBER
_____ - _____
PAGE _____ OF _____

Please provide detailed information for item(s) reported stolen. All items listed will become part of the official police report, however only items having serial numbers or owner applied numbers can and will be entered into state and federal databases which enhance possibility of recovery. The Keizer Police Department does not imply or guarantee recovery of any items. You and/or your insurance company (if claim was filed) will be notified if one or more of your items is recovered. Please promptly notify our business office by calling (503) 390-3713 if your contact information changes. Thank you.

NAME (Last, First, M.I.) ADDRESS DAY PHONE ALTERNATE PHONE		ITEM(S) STOLEN FROM:	RESIDENCE <input type="checkbox"/> VEHICLE <input type="checkbox"/> WORK/SCHOOL <input type="checkbox"/> OTHER(SPECIFY) _____
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Item Category Examples: Home electronics, vehicle parts/accessories, clothing, AV/digital recordings, jewelry, bicycle, cash/coin, ID docs, household items, other

1	Item Category		Model/Style		Description (Size, Engraving and/or Unique Identifiers)	FOR OFFICE USE ONLY
	Quantity		Color			
	Brand/Make		Value			
	Serial#					
2	Item Category		Model/Style		Description (Size, Engraving and/or Unique Identifiers)	FOR OFFICE USE ONLY
	Quantity		Color			
	Brand/Make		Value			
	Serial#					
3	Item Category		Model/Style		Description (Size, Engraving and/or Unique Identifiers)	FOR OFFICE USE ONLY
	Quantity		Color			
	Brand/Make		Value			
	Serial#					
4	Item Category		Model/Style		Description (Size, Engraving and/or Unique Identifiers)	FOR OFFICE USE ONLY
	Quantity		Color			
	Brand/Make		Value			
	Serial#					

UNSWORN FALSIFICATION (ORS 162.085). (1) A person commits the crime of unsworn falsification if the person knowingly makes any false written statement to a public servant in connection with an application for any benefit. (2) Unsworn falsification is a Class B misdemeanor.

I affirm the statements in this document are true.

_____ VICTIM SIGNATURE	_____ DATE SIGNED
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FOR OFFICE USE ONLY RECEIVED DATE/ TIME BY: _____
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You may duplicate this form as needed for additional items.

INCIDENT NUMBER

____ - ____
PAGE ____ **OF** ____

5	Item Category		Model/Style		Description (Size, Engraving and/or Unique Identifiers)	FOR OFFICE USE ONLY
	Quantity		Color			<input type="checkbox"/> LEDS/RMS DATE/INITIALS
	Brand/Make		Value			
	Serial#					
6	Item Category		Model/Style		Description (Size, Engraving and/or Unique Identifiers)	FOR OFFICE USE ONLY
	Quantity		Color			<input type="checkbox"/> LEDS/RMS DATE/INITIALS
	Brand/Make		Value			
	Serial#					
7	Item Category		Model/Style		Description (Size, Engraving and/or Unique Identifiers)	FOR OFFICE USE ONLY
	Quantity		Color			<input type="checkbox"/> LEDS/RMS DATE/INITIALS
	Brand/Make		Value			
	Serial#					
8	Item Category		Model/Style		Description (Size, Engraving and/or Unique Identifiers)	FOR OFFICE USE ONLY
	Quantity		Color			<input type="checkbox"/> LEDS/RMS DATE/INITIALS
	Brand/Make		Value			
	Serial#					
9	Item Category		Model/Style		Description (Size, Engraving and/or Unique Identifiers)	FOR OFFICE USE ONLY
	Quantity		Color			<input type="checkbox"/> LEDS/RMS DATE/INITIALS
	Brand/Make		Value			
	Serial#					
10	Item Category		Model/Style		Description (Size, Engraving and/or Unique Identifiers)	FOR OFFICE USE ONLY
	Quantity		Color			<input type="checkbox"/> LEDS/RMS DATE/INITIALS
	Brand/Make		Value			
	Serial#					
11	Item Category		Model/Style		Description (Size, Engraving and/or Unique Identifiers)	FOR OFFICE USE ONLY
	Quantity		Color			<input type="checkbox"/> LEDS/RMS DATE/INITIALS
	Brand/Make		Value			
	Serial#					

I affirm the statements in this document are true.

 VICTIM SIGNATURE

 DATE SIGNED