KAYSVILLE
POLICE DEPARTMENT

PROPERTY CRIME/LOSS STATEMENT

INSTRUCTIONS

- IF THE SUSPECT IS KNOWN, CONTACT THE KAYSVILLE POLICE DEPARTMENT AT (801) 546-1131.
- PLEASE PROVIDE COPIES OF RECEIPTS, IF AVAILABLE.
- INCLUDE COPIES OF ANY DOCUMENTS THAT HAVE THE **SERIAL NUMBER** AND/OR PHOTOS OF THE LOST PROPERTY.
- AFTER COMPLETING THIS FORM AND GATHERING THE REQUIRED DOCUMENTATION, BRING THEM TO THE KAYSVILLE POLICE DEPARTMENT OR CONTACT AN OFFICER FOR PICK UP.
- IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT THE KAYSVILLE POLICE DEPARTMENT AT (801) 546-1131.

OFFICER NAME _____ **CASE NUMBER** _____

DATE _____ **TIME** _____ ☐AM ☐PM

NAME _____ **DATE OF BIRTH** _____
FIRST MIDDLE LAST MM/DD/YYYY

SEX ☐M ☐F **RACE** _____ **SSN** _____ **DRIVER LICENSE # & STATE** _____

ADDRESS _____ **PHONE** ( ) _____ HOME
_____ ( ) _____ OTHER
CITY STATE ZIP

PROPERTY LOSS INFORMATION

IF INITIALLY LOST OR STOLEN IN ANOTHER JURISDICTION, WAS A POLICE REPORT MADE? ☐ YES ☐ NO

IF YES, WHICH LAW ENFORCEMENT AGENCY TOOK THE REPORT? _____

CASE NUMBER _____ INVESTIGATING OFFICER _____ PHONE _____

ADDRESS PROPERTY WAS TAKEN FROM _____

DATE OF PROPERTY LOSS _____ BETWEEN THE FOLLOWING DAYS/DATES/TIMES _____ TO: _____

THE FOLLOWING ITEMS *ARE ATTACHED*:

☐ RECEIPTS ☐ DOCUMENTS WITH SERIAL NUMBER ☐ PHOTOS OF LOST PROPERTY ☐ OTHER: _____

IS THE PROPERTY INSURED? ☐ YES ☐ NO HAVE / WILL YOU MAKE A CLAIM? ☐ YES ☐ NO

INSURANCE COMPANY _____ AGENT NAME & PHONE NUMBER _____

POSSIBLE SUSPECT INFORMATION:

NAME _____ DOB/AGE _____ ADDRESS & PHONE _____

OTHER INFORMATION _____

I HEREBY CERTIFY I HAVE READ THE ABOVE AND THE FACTS STATED IN THIS REPORT ARE TRUE TO THE BEST OF MY KNOWLEDGE.

_____ _____
SIGNATURE **DATE**

LOST PROPERTY DESCRIPTION

#	ITEM DESCRIPTION	MAKE / BRAND	MODEL	SERIAL NUMBER	COLOR	IDENTIFYING MARKS OR NUMBERS	CURRENT VALUE (*NOT REPLACEMENT COST*)
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							

STATEMENT OF FACTS

PLEASE READ THE FOLLOWING BEFORE FILLING OUT YOUR STATEMENT

YOU ARE NOTIFIED THAT STATEMENTS YOU ARE ABOUT TO MAKE MAY BE PRESENTED TO A MAGISTRATE OR A JUDGE IN LIEU OF YOUR SWORN TESTIMONY AT A PRELIMINARY EXAMINATION. ANY FALSE STATEMENT YOU MAKE, AND THAT YOU DO NOT BELIEVE TO BE TRUE, MAY SUBJECT YOU TO CRIMINAL PUNISHMENT AS A CLASS-A MISDEMEANOR.

SIGNATURE _____ **DATE** _____

PLEASE PROVIDE A STATEMENT OF FACTS SURROUNDING THIS CRIME:

USE BACK OF FORM IF ADDITIONAL SPACE IS NEEDED