**THEFT AFFIDAVIT**

**Victim’s Name** **Incident Number:**

**CODES: D – Damage S – Stolen**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Brand: | | Model: | | | Model #: | | | | Serial # | |  | |
| **#1** | Color: | Size: | | | Value:  $ | | | Quantity: | | | | Code:  Choose an item. | |
|  | Owner: | | | Location: | | | Description: | |  | | | |  |
|  | Brand: | | Model: | | | Model #: | | | | | Serial # |  | |
| **#2** | Color: | Size: | | | Value:  $ | | | Quantity: | | | | Code:  Choose an item. | |
|  | Owner: | | | Location: | | | Description: | |  | | | |  |
|  | Brand: | | Model: | | | Model #: | | | | | Serial # |  | |
| **#3** | Color: | Size: | | | Value:  $ | | | Quantity: | | | | Code:  Choose an item. | |
|  | Owner: | | | Location: | | | Description: | |  | | | |  |
|  | Brand: | | Model: | | | Model #: | | | | | Serial # | | |
| **#4** | Color: | Size: | | | Value:  $ | | | Quantity: | | | | Code:  Choose an item. | |
|  | Owner: | | | Location: | | | Description: | |  | | | |  |

**I, the undersigned, declare that the items listed on this form have been stolen from my:**

**CAR  HOUSE  BUSINESS  OTHER**

**Located at** **and the values are accurate. I declare that the theft took place on Date**Click here to enter a date. **or between the dates of Click here to enter a date. and** Click here to enter a date.

**FALSE PUBLIC REPORT Title: 17-a SS: 509 A person is guilty of false public report if he (or she) knowingly gives or causes to be given, false information to any law enforcement officer with the intent of inducing such officer to believe that a crime has been committed, or that another has committed the crime, knowing the information to be false. False public report is a Class: D crime, and on conviction thereof shall be punished by a fine of not more than $500.00 or by imprisonment of a set definite period of time of less than one year.**

**Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Witnessed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**