DEPARTMENT OF PUBLIC SAFETY

STATEMENT OF THEFT

Complainant		Witness		Suspect		Miranda		X – all that apply
Date		Time		Place				

N	Description of Item Stolen:
	Location Item Stolen From:
	Approximate Date/Time Item Noticed Missing:
	Approximate Date/Time Item Last Seen:
	Was Stolen Item Locked Up Securely?
	Approximate Value of Item Stolen:
A	Suspect(s):
	WRITTEN STATEMENT
R	
R	
A	
T	
I	
V	
E	

Name		Signature		Birth Date	
Address		City		State	Zip
Phone #		Offense/Incident #		Page	Of