

ASTORIA POLICE DEPARTMENT

Property Loss Report

CASE #: TODAY'S DATE:

RESIDENCE ADDRESS/LOCATION WHERE PROPERTY WAS LOST: DATE OF INCIDENT:									
ADDRESS/LOCATION WHERE PROPERTY WAS LOST: DESCRIBE ITEM - INCLUDE COLOR, SIZE, SERIAL NUMBER, MODEL #, & ANY OTHER UNIQUE OR IDENTIFIABLE FEATURE:	NAME OF PE	ERSON MAKING THIS REPORT	Т:				DA	TE OF BIRTH:	
ITEM #: VALUE: DESCRIBE ITEM - INCLUDE COLOR, SIZE, SERIAL NUMBER, MODEL #, & ANY OTHER UNIQUE OR IDENTIFIABLE FEATURE: STOLEN LOST	RESIDENCE A	ADDRESS:					PH	ONE:	
TEM #: VALUE: DESCRIBE ITEM - INCLUDE COLOR, SIZE, SERIAL NUMBER, MODEL #, & ANY OTHER UNIQUE OR IDENTIFIABLE FEATURE: STOLEN	ADDRESS/LO	OCATION WHERE PROPERTY \	WAS LOST:				DA	TE OF INCIDENT :	
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I CERTIFY THAT THE INFORMATION THAT I PROVIDED ABOVE, IN THIS REPORT, IS TRUE AND FACTUAL. I UNDERSTAND T							TRUE AND FAC	TUAL. I UNDERSTAND TH	AT
PROVIDING FALSE INFORMATION CAN RESULT IN CRIMINAL PROSECUTION. SIGNATURE OF PERSON MAKING THIS REPORT: DATE:				LT IN CRIMINAI	L PROSECUT	ION.		DATE:	