



**ALEXANDRIA POLICE DEPARTMENT
MISDEMEANOR THEFT & LOST/DAMAGE ITEM REPORTS**

INCIDENT INFORMATION:

INCIDENT REPORT NUMBER (ISSUED BY OFFICER OR RECORDS CLERK) _____

DATE OF INCIDENT: _____ TIME OF INCIDENT: _____

LOCATION INCIDENT OCCURED: _____

NAME: _____
LAST FIRST M.I.

ADDRESS: _____
STREET CITY STATE ZIP

PHONE: _____
HOME CELL WORK

DRIVER'S LICENSE NUMBER: _____ STATE: _____

RACE: _____ SEX: _____ DATE OF BIRTH: _____

PROPERTY INFORMATION: (COMPLETE APPLICABLE INFORMATION)

PHONE VEHICLE OTHER _____

BRAND NAME: _____ MODEL: _____

SERIAL NUMBER: _____ COLOR: _____

LICENSE PLATE NUMBER: _____ STATE: _____

DETAILS OF INCIDENT (DESCRIBE HOW PROPERTY WAS LOST OR DAMAGED)

(IF MORE SPACE IS NEEDED, CONTINUE ON BACK OF THIS FORM.)

PRINT NAME

SIGNATURE

CONTINUE DETAILS OF INCIDENT

[Empty space for incident details]

PRINT NAME

SIGNATURE