

LOSS PREVENTION OFFICERS' REPORT

YEAR	REPORT NUMBER
------	---------------

<input type="checkbox"/> ROBBERY (211 PC) <input type="checkbox"/> GRAND THEFT (487 PC) <input type="checkbox"/> BURGLARY (459 PC) <input type="checkbox"/> EMBEZZLEMENT (503 PC) <input type="checkbox"/> PETTY THEFT/SHOPLIFT (488/459.5 PC)	DATE OCCURRED	TIME OCCURRED
	DATE REPORTED	TIME REPORTED

Instructions: This report should be completed by Loss Prevention and given to the Roseville Police Officer on arrival. Ideally, complete this form prior to calling the Roseville Police Department to turn over your arrest. Extenuating circumstances, such as combative suspects or suspicious circumstances would most likely warrant a phone call at the time of the arrest. Fill out this form completely and as neatly as possible. It must be typed or NEATLY block printed in black pen. No other variations will be accepted. Digital forms are available, and can be completed user Adobe Acrobat (free software). Stores and loss prevention agents are responsible for making, and having available, their own forms.

VICTIM STORE NAME	LOCATION ADDRESS	BEAT
-------------------	------------------	------

LOSS PREVENTION AGENT INFORMATION AND WITNESSES

CODE	LEGAL NAME (LAST, FIRST MIDDLE)	HOME ADDRESS			RESIDENCE PHONE
DOB/AGE	SEX	RACE	REFERENCE NUMBER	EMPLOYER NAME / ADDRESS	WORK PHONE
ADDITIONAL INFORMATION					CELL PHONE

CODE	LEGAL NAME (LAST, FIRST MIDDLE)	HOME ADDRESS			RESIDENCE PHONE
DOB/AGE	SEX	RACE	REFERENCE NUMBER	EMPLOYER NAME / ADDRESS	WORK PHONE
ADDITIONAL INFORMATION					CELL PHONE

CODE	LEGAL NAME (LAST, FIRST MIDDLE)	HOME ADDRESS			RESIDENCE PHONE
DOB/AGE	SEX	RACE	REFERENCE NUMBER	EMPLOYER NAME / ADDRESS	WORK PHONE
ADDITIONAL INFORMATION					CELL PHONE

SUSPECT VEHICLE IF KNOWN

YEAR	MAKE	MODEL	BODY STYLE	COLOR / COLOR	LICENSE NUMBER	STATE
------	------	-------	------------	---------------	----------------	-------

ADDITIONAL INFORMATION (REGISTERED OWNER / DAMAGE / OR UNIQUE FEATURES)

INCIDENT AND APPREHENSION INFORMATION

	SUSPECT 1 2 3			
Did the suspect(s) come along willingly at apprehension?.....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Was the incident captured on video?.....	<input type="checkbox"/>	YES NO <input type="checkbox"/> <input type="checkbox"/>
Did the suspect(s) flee from agents?.....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Did you get a statement from the suspect(s)?.....	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Was the suspect(s) combative at the time of arrest?.....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Did you make a copy of the video for the officer?.....	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Did the suspect(s) threaten anyone at the time of arrest?.....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	** whenever possible, videos should be given to the officer at the time the suspect is turned over to law enforcement.		
Did the suspect(s) present a weapon?.....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Was all available merchandise information documented?.....	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

WHAT WAS THE VALUE OF THE MERCHANDISE OR FUNDS STOLEN? \$

LOSS PREVENTION OFFICER'S REPORT	DUPLICATION OR REISSUANCE CONTROLLED BY LAW	RPD 12 2016
NAME OF PERSON COMPLETING THIS REPORT (This MUST be legible!)		DATE AND TIME

LOSS PREVENTION OFFICERS' REPORT

YEAR	REPORT NUMBER
------	---------------

SUSPECT(S) AND / OR ARRESTED PERSONS

SEX	Male = M Female = F	RACE	Asian A Black B Chinese C Hispanic H	Indian I Other O Pacific PI White W	COLORS	Blonde BLN Brown BRN Black BLN Blue BLU	Orange ORG Red RED Green GRN Hazel HZL	Gray GRY White WHI	MISC	Height example 602 Weight example 200
------------	------------------------	-------------	---	--	---------------	--	---	-----------------------	-------------	--

1	NAME (LAST, FIRST, MIDDLE)	DOB / AGE	SEX	RACE	HEIGHT	WEIGHT	HAIR	EYES
---	----------------------------	-----------	-----	------	--------	--------	------	------

ADDRESS	CHARGES
---------	---------

REFERENCE NUMBER (DLN OR SSN)	HOME PHONE	WORK PHONE	CELL PHONE	RELATED CASES (When/Where)?
-------------------------------	------------	------------	------------	-----------------------------

AKA / ADDITIONAL INFO / MARKS / SCARS / TATTOOS

HAIR LENGTH/TYPE	HAIR STYLE	FACIAL HAIR	COMPLEXION	APPEARANCE	DEMEANOR	SPEECH
------------------	------------	-------------	------------	------------	----------	--------

2	NAME (LAST, FIRST, MIDDLE)	DOB / AGE	SEX	RACE	HEIGHT	WEIGHT	HAIR	EYES
---	----------------------------	-----------	-----	------	--------	--------	------	------

ADDRESS	CHARGES
---------	---------

REFERENCE NUMBER (DLN OR SSN)	HOME PHONE	WORK PHONE	CELL PHONE	RELATED CASES (When/Where)?
-------------------------------	------------	------------	------------	-----------------------------

AKA / ADDITIONAL INFO / MARKS / SCARS / TATTOOS

HAIR LENGTH/TYPE	HAIR STYLE	FACIAL HAIR	COMPLEXION	APPEARANCE	DEMEANOR	SPEECH
------------------	------------	-------------	------------	------------	----------	--------

3	NAME (LAST, FIRST, MIDDLE)	DOB / AGE	SEX	RACE	HEIGHT	WEIGHT	HAIR	EYES
---	----------------------------	-----------	-----	------	--------	--------	------	------

ADDRESS	CHARGES
---------	---------

REFERENCE NUMBER (DLN OR SSN)	HOME PHONE	WORK PHONE	CELL PHONE	RELATED CASES (When/Where)?
-------------------------------	------------	------------	------------	-----------------------------

AKA / ADDITIONAL INFO / MARKS / SCARS / TATTOOS

HAIR LENGTH/TYPE	HAIR STYLE	FACIAL HAIR	COMPLEXION	APPEARANCE	DEMEANOR	SPEECH
------------------	------------	-------------	------------	------------	----------	--------

HOW WAS THE THEFT ACCOMPLISHED?

TYPE OF ITEMS TAKEN

<input type="checkbox"/> CONCEALED ON PERSON	<input type="checkbox"/> DISTRACTION	<input type="checkbox"/> CLOTHING	<input type="checkbox"/> TOOLS
<input type="checkbox"/> BOOSTER BAG	<input type="checkbox"/> BOX STUFFING	<input type="checkbox"/> ELECTRONICS	<input type="checkbox"/> APPLIANCES
<input type="checkbox"/> FIRE EXIT	<input type="checkbox"/> FALSE RETURN	<input type="checkbox"/> JEWELRY	<input type="checkbox"/> FOOD
<input type="checkbox"/> CART PUSHOUT / RUN OUT	<input type="checkbox"/> GIFT CARD FRAUD	<input type="checkbox"/> RAZORS / TOILETRIES	<input type="checkbox"/> BABY FORMULA
<input type="checkbox"/> COUNTERFEITING	<input type="checkbox"/> OTHER	<input type="checkbox"/> SHOES	<input type="checkbox"/> OTHER

NAME OF PERSON COMPLETING THIS REPORT (This MUST be legible!)	DATE AND TIME
---	---------------

LOSS PREVENTION OFFICERS' REPORT

YEAR	REPORT NUMBER
------	---------------

PROPERTY REPORT

	(S) (R) (L)	QTY	ARTICLE NAME	BRAND / MAKE	MODEL	SERIAL NUMBER	MISCELLANEOUS	VALUE
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								

All items listed on this page must be described in detail with a specific loss amount assigned to each piece of property. Please **DO NOT** use SKU numbers or unique store identifiers that cannot be deciphered by police department personnel.

(S) Stolen (R) Recovered (L) Lost

TOTAL

CONTROLLED DOCUMENT

DUPLICATION OR REISSUANCE CONTROLLED BY LAW

RPD 12 2016

NAME OF PERSON COMPLETING THIS REPORT (This MUST be legible!)

DATE AND TIME

LOSS PREVENTION OFFICERS' REPORT

PAGE OF

YEAR	REPORT NUMBER
------	---------------

NARRATIVE

This is the Loss Prevention Officers' Narrative Page. Agent: Make sure you cover all details of the offense, including the following information:

- How you first came to notice the suspect(s)
- What the suspect(s) actually did that you or an additional witness can testify to.
- How you identified yourself, and how you apprehended the suspect.
- How you observed the suspect(s) ... (on foot in store, via camera, etc.)
- How the suspect(s) committed the theft (left concealing the item, etc.)
- Any statements that the suspect made to you or others.

You can cut and paste your narrative into the provided space, and add pages if you feel it necessary to do so. Narratives should be completed prior to law enforcement officer arrival, and should include all the necessary elements of the crime.

NARRATIVE

CONTROLLED DOCUMENT

DUPLICATION OR REISSUANCE CONTROLLED BY LAW

RPD 12 2016

NAME OF PERSON COMPLETING THIS REPORT (This MUST be legible!)

DATE AND TIME

LOSS PREVENTION OFFICERS' REPORT

PAGE OF

YEAR	REPORT NUMBER
------	---------------

NARRATIVE

This is the Loss Prevention Officers' Narrative Page. Agent: Make sure you cover all details of the offense, including the following information:

- How you first came to notice the suspect(s)
- What the suspect(s) actually did that you or an additional witness can testify to.
- How you identified yourself, and how you apprehended the suspect.
- How you observed the suspect(s) ... (on foot in store, via camera, etc.)
- How the suspect(s) committed the theft (left concealing the item, etc.)
- Any statements that the suspect made to you or others.

You can cut and paste your narrative into the provided space, and add pages if you feel it necessary to do so. Narratives should be completed prior to law enforcement officer arrival, and should include all the necessary elements of the crime.

NARRATIVE

CONTROLLED DOCUMENT

DUPLICATION OR REISSUANCE CONTROLLED BY LAW

RPD 12 2016

NAME OF PERSON COMPLETING THIS REPORT (This MUST be legible!)

DATE AND TIME