



ASTORIA POLICE DEPARTMENT

Property Loss Report

CASE #:	CASE OFFICER:	TODAY'S DATE:
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NAME OF PERSON MAKING THIS REPORT:	DATE OF BIRTH:
RESIDENCE ADDRESS:	PHONE:
ADDRESS/LOCATION WHERE PROPERTY WAS LOST:	DATE OF INCIDENT :

ITEM #:	VALUE:	DESCRIBE ITEM – INCLUDE COLOR, SIZE, SERIAL NUMBER, MODEL #, & ANY OTHER UNIQUE OR IDENTIFIABLE FEATURE:
	<input type="checkbox"/> STOLEN <input type="checkbox"/> LOST	

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I CERTIFY THAT THE INFORMATION THAT I PROVIDED ABOVE, IN THIS REPORT, IS TRUE AND FACTUAL. I UNDERSTAND THAT PROVIDING FALSE INFORMATION CAN RESULT IN CRIMINAL PROSECUTION.	
SIGNATURE OF PERSON MAKING THIS REPORT:	DATE: