

MISDEMEANOR SHOPLIFT REPORT (NO ARREST)

THE COMPLETION OF THIS REPORT IS REQUIRED BEFORE THE DALLAS POLICE DEPARTMENT WILL MAKE A SHOPLIFT REPORT.
Complete this form and mail it to :

DALLAS POLICE DEPARTMENT
Records Unit
1400 S. Lamar St.
Dallas TX 75215

A representative of the company must answer each question for a offense report to be made.
CIRCLE Y OR N

NAME OF COMPANY OWNING PROPERTY

1. Is there a description of the suspect? Y or N

STREET:

2. Will the employee who witnessed the offense be available to testify in court? Y or N

SUITE

3. Does the company or owner intend to prosecute the suspect? Y or N

CITY/ST/ZIP

4. Is the suspect an employee? Y or N

TELEPHONE

LOCATION OF INCIDENT:

Location Phone #

TYPE OF BUSINESS:

Date and Time of Incident:

REPORTING PERSON AND WITNESS INFORMATION (No PO Box #'s)

Company Official Making Report (Reporting Person):

Official Title:

Name:

Race:

Sex:

DOB:

Home Address:

City:

ST:

Zip:

Home Phone:

Employee witness of incident (if same as above write "same") Add additional witnesses on back

Name:

Race:

Sex:

DOB:

Home Address:

City:

ST:

Zip:

PROPERTY

Description

Cost per unit

Total Cost

Total Loss:

If Property Value is **greater than \$1500.00** do not complete this form.

Contact 911 for police response

SUSPECT (Add additional suspects on back of this page.)

Name:

Address:

Race:

Sex:

Age:

Height:

Weight:

Hair:

Eyes:

Further Description (Clothing, Glasses, Facial Hair, Hair Length)

SUSPECT VEHICLE

Year:

Make:

Model:

Doors:(2 or 4)

Color:

License#:

State

Further Description (Damage, Dents, Multicolored, Tinted Windows)

VIDEO EVIDENCE

Video Y or N

Who can retrieve copy of video?

Name:

Cell Phone:

Address:

NARRATIVE (If additional space is needed use back of this page.)

POLICE DEPARTMENT USE ONLY

SERVICE NUMBER