



McMinnville Police Department

Business Shop Lift/ Theft Crime Report

Case #: _____
 Received By: _____
 Date Received: _____

Today's Date: ___/___/___ Current Time: _____ AM/PM

PLEASE PRINT Your Information:

Last Name: _____ First Name: _____ Email Address: _____

Phone #: (____) _____ - _____ Cell (____) _____ - _____ Work (____) _____ - _____

Email Address: _____

Business Name Where Crime Occurred: _____

Address Where Crime Occurred: _____

Location Type: Inside Business Parking lot Other (describe) _____

Date Crime Occurred: ___/___/___ Time Crime Occurred: ___:___ AM/PM

****If date/time of crime is unknown, fill out information below:**

Date/Time Period Crime Occurred: Between ___/___/___ and ___/___/___

Between ___:___ AM/PM and ___:___ AM/PM

Are there witnesses? Yes No If Yes, list any information available:

Is the suspect known? Yes No If Yes, list any information available:

Is there video or photo evidence? Yes No If Yes, what type/format? _____

If Yes, please provide video/photo evidence on a CD/DVD or USB Thumb Drive

**** Evidence submitted on a thumb drive will be returned ASAP**

Status/Condition of Property: (Please use attached page if more than two items)

DESCRIPTION: _____ Stolen Damaged Color _____

Value: \$ _____ Brand _____ Model/Style _____ Serial # _____

DESCRIPTION: _____ Stolen Damaged Color _____

Value: \$ _____ Brand _____ Model/Style _____ Serial # _____

******* WARNING: INITIATING A FALSE REPORT IS A CRIME PER ORS 162.375 SEC 212 *******

Signature of Complainant: _____

Return completed form and all video or photo evidence to:
 McMinnville Police Department 121 SW Adams Street, McMinnville OR, 97128

