



McMinnville Police Department

Business Theft / Crime Report

Case #: _____

Received By: _____

Date Received: _____

Today's Date: ____/____/____ Current Time: ____:____ AM/PM

PLEASE PRINT Your Information (*person completing this form*) Title/Role: _____

First Name: _____ Middle Name: _____ Last Name: _____

Date of Birth: ____/____/____ Email Address: _____

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

Primary Point of Contact (*if different from above*): Title/Role: _____

PLEASE PRINT

First Name: _____ Middle Name: _____ Last Name: _____

Date of Birth: ____/____/____ Email Address: _____

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

Business Name Where Crime Occurred: _____

Address Where Crime Occurred: _____

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

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

Date Crime Occurred: ____/____/____

Time Crime Occurred: ____:____ AM/PM

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

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, including vehicle description:

Is there video or photo evidence? ☐ Yes ☐ No

Is the video of: ☐ Suspect ☐ License Plate ☐ Crime Damage ☐ Stolen Product ☐ Other

Continued on page 2.

DESCRIPTION: _____ Stolen ☐ Damaged ☐ Color _____

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

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DESCRIPTION: _____ Stolen ☐ Damaged ☐ Color _____

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

Narrative of what occurred (required) *Please be as descriptive as possible regarding what took place.*

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.

Signature of Complainant: _____

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