



PLEASE READ ALL INSTRUCTIONS BEFORE YOU FILL OUT YOUR OFFENSE REPORT

- You may only report incidents that have occurred in the UNINCORPORATED areas of Monterey County and those jurisdictions that do not have their own police departments. Incidents occurring within city limits of the following cities must be reported to that city's Police Department: Carmel, Del Rey Oaks, Gonzales, Greenfield, Fort Ord (CSUMB incidents should be reported to the campus police), King City, Marina, Monterey, Pacific Grove, Salinas, Sand City, Seaside, Soledad, and Watsonville
- Use one report form per incident. You may also make copies of the offense report to report other incidents.
- Be specific when describing damage or property. Include the make, model, license plate, and serial number of any vehicle or piece of property. Owner applied or inscribed numbers (i.e. driver license numbers) are helpful in identifying property. Include any distinguishing marks, stickers, or equipment attached. *Note: Stolen Vehicles should be reported to the California Highway Patrol.*
- Additional narrative sheets, property description sheets, and victim/witness sheets may be attached as necessary.
- If you have suspect information, please include it on the offense report. A deputy will contact you if additional information or statements are needed.
- Please date and sign the form prior to submission. You may make copies for your records prior to submission.
- Once the report is submitted, a report number will be assigned and copies may be obtained through the Sheriff's Office for a minimal fee. A Public Information Release Request form must be completed and submitted to the Records Division, and a report will be mailed up to 10 days later. No reports will be released the same day as a Release Request is completed.
- **Completed forms may be mailed or returned in person to the nearest station:**

CENTRAL STATION
1414 Natividad Road
Salinas, CA 93906
(831) 755-3700

COASTAL STATION
1200 Aquajito Road, Room #002
Monterey, CA 93940
(831) 647-7702

SOUTH COUNTY STATION
250 Franciscan Drive
King City, CA 93930
(831) 385-8312



LOST / STOLEN PROPERTY

THIS BLOCK FOR OFFICIAL USE ONLY

| | | | |
|---------------|---------------|----------------|-------------------------|
| REPORT DATE | REPORT TIME | BEAT | REPORT # |
| DATE OCCURRED | TIME OCCURRED | CLASSIFICATION | FEL / MISD / SUPPLEMENT |
| CRIME CODE | CRIME | | |

INCIDENT

| | | | |
|-----------------------------|-------------------------|-----------------------|-----------------------|
| INCIDENT LOCATION / ADDRESS | | CITY | ZIP |
| LAST DATE PROPERTY SEEN | LAST TIME PROPERTY SEEN | DATE PROPERTY MISSING | TIME PROPERTY MISSING |

VICTIM

| | | | | |
|--------------------------|------------|------------------|-------|-----------|
| NAME (LAST, FIRST, M.I.) | | DOB | RACE | SEX (M/F) |
| STREET ADDRESS | | CITY | | ZIP |
| HOME PHONE | CELL PHONE | DRIVER'S LICENSE | STATE | |
| WORK ADDRESS | | CITY | | ZIP |
| OCCUPATION | | WORK PHONE | | |

REPORTING PARTY (IF DIFFERENT FROM VICTIM)

| | | | | |
|--------------------------|------------|------------------|-------|-----------|
| NAME (LAST, FIRST, M.I.) | | DOB | RACE | SEX (M/F) |
| STREET ADDRESS | | CITY | | ZIP |
| HOME PHONE | CELL PHONE | DRIVER'S LICENSE | STATE | |

WITNESS (IF APPLICABLE)

| | | | | |
|--------------------------|------------|------------------|-------|-----------|
| NAME (LAST, FIRST, M.I.) | | DOB | RACE | SEX (M/F) |
| STREET ADDRESS | | CITY | | ZIP |
| HOME PHONE | CELL PHONE | DRIVER'S LICENSE | STATE | |

VICTIM VEHICLE (IF APPLICABLE)

| | | | | | | |
|-------------------------------|------|-------|------------|-------|---------------|-------|
| YEAR | MAKE | MODEL | # OF DOORS | COLOR | LICENSE PLATE | STATE |
| VEHICLE IDENTIFICATION NUMBER | | | | | | |
| OTHER DESCRIPTORS | | | | | | |

| | | | | |
|------------------------------|------|----------------------|----|-------------|
| FOR OFFICIAL USE ONLY | | REVIEWING SUPERVISOR | ID | DATE / TIME |
| ENTRY INITIALS | DATE | ASSIGNED DEPUTY | ID | DATE / TIME |



MONTEREY COUNTY, OFFICE OF THE SHERIFF

LOST / STOLEN PROPERTY

NARRATIVE (PLEASE PROVIDE A DETAILED STATEMENT OF THE INCIDENT)

REPORT #

I declare under penalty of perjury, under the laws of the State of California, that the foregoing statements are true and correct.

SIGNATURE

DATE

THIS BLOCK FOR OFFICIAL USE ONLY

| | | | |
|---|----------------------------|--|----------------------------|
| <i>DATE/TIME RECEIVED</i> | <i>DEPUTY/INVESTIGATOR</i> | <i>CASE # PROVIDED TO RP</i> <input type="checkbox"/> YES <input type="checkbox"/> NO | <i>DATE/TIME CONTACTED</i> |
| <i>CASE STATUS</i> <input type="checkbox"/> CLOSED <input type="checkbox"/> SUSPENDED <input type="checkbox"/> CONTINUED <input type="checkbox"/> REFERRED TO: _____ | | | |
| <i>COMMENTS</i> | | | |

| | | | | |
|------------------------------|-------------|-----------------------------|-----------|--------------------|
| FOR OFFICIAL USE ONLY | | <i>REVIEWING SUPERVISOR</i> | <i>ID</i> | <i>DATE / TIME</i> |
| <i>ENTRY INITIALS</i> | <i>DATE</i> | <i>ASSIGNED DEPUTY</i> | <i>ID</i> | <i>DATE / TIME</i> |



LOST / STOLEN PROPERTY

PROPERTY DESCRIPTION

REPORT # _____

| QUANTITY | TYPE OF PROPERTY | BRAND / MAKE | MODEL / SIZE | SERIAL OR OWNER APPLIED NUMBER | COLOR | MARKET VALUE |
|--|------------------|--------------|--------------|--------------------------------|-------|--------------|
| ADDITIONAL IDENTIFYING MARKINGS, STICKERS, EQUIPMENT | | | | | | |
| QUANTITY | TYPE OF PROPERTY | BRAND / MAKE | MODEL / SIZE | SERIAL OR OWNER APPLIED NUMBER | COLOR | MARKET VALUE |
| ADDITIONAL IDENTIFYING MARKINGS, STICKERS, EQUIPMENT | | | | | | |
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| ADDITIONAL IDENTIFYING MARKINGS, STICKERS, EQUIPMENT | | | | | | |
| QUANTITY | TYPE OF PROPERTY | BRAND / MAKE | MODEL / SIZE | SERIAL OR OWNER APPLIED NUMBER | COLOR | MARKET VALUE |
| ADDITIONAL IDENTIFYING MARKINGS, STICKERS, EQUIPMENT | | | | | | |

BICYCLE DESCRIPTION

| MAKE | MODEL | SERIAL NO. | COLOR | LICENSE NUMBER | FAIR MARKET VALUE |
|--|-------|------------|-------|--|---|
| | SPEED | WHEEL SIZE | FRAME | TYPE OF BICYCLE <input type="checkbox"/> BOYS <input type="checkbox"/> GIRLS | <input type="checkbox"/> MOUNTAIN <input type="checkbox"/> SPEED <input type="checkbox"/> BMX |
| ADDITIONAL IDENTIFYING MARKINGS, STICKERS, EQUIPMENT | | | | | |

CELL PHONE DESCRIPTION

| BRAND / MAKE | MODEL / SIZE | SERIAL OR OWNER APPLIED NUMBER | COLOR | SERVICE CARRIER | ACCOUNT CLOSED <input type="checkbox"/> YES <input type="checkbox"/> NO | MARKET VALUE |
|--|--------------|--------------------------------|-------|-----------------|--|--------------|
| ADDITIONAL IDENTIFYING MARKINGS, STICKERS, ACCESSORIES | | | | | | |

TOTAL LOSS \$ _____

| | | | | |
|------------------------------|------|----------------------|----|-------------|
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| ENTRY INITIALS | DATE | ASSIGNED DEPUTY | ID | DATE / TIME |