



# FAIRFIELD POLICE DEPARTMENT

100 Reef Road, Fairfield, Connecticut 06824  
203-254-4800

## STOLEN / LOST CELL PHONE REPORT

FILE NUMBER

FILE NUMBER			
DATE OF REPORT	SIGNAL <b>22</b>	INCIDENT DESCRIPTION <b>Stolen / Lost Cellular Phone</b>	
TIME RCD	DISPATCHED	ON SCENE	LOCATION OF INCIDENT

MNI

INSTRUCTIONS: Complainant should complete the INCIDENT DETAILS section with as much information as available. The complainant should then sign the form and turn it over to the investigating officer.

INCIDENT DETAILS					
Check appropriate box: <input type="checkbox"/> LOST <input type="checkbox"/> STOLEN					
FROM: (Complainant Name)		LAST NAME, FIRST NAME, MI		DATE OF BIRTH	SEX
ADDRESS # STREET		TOWN / CITY		STATE	TELEPHONE
BUSINESS NAME & ADDRESS				BUSINESS PHONE	
MAKE	MODEL	SERIAL NUMBER			
SERVICE PROVIDER			CELL PHONE NUMBER	VALUE	
LOCATION STOLEN			TIME STOLEN (IF SPECIFIC TIME IS NOT KNOWN GIVE APPROXIMATE TIME FRAME, INCLUDE DATES)		
<p>I, the above named complainant, report that the cellular telephone listed above has been stolen or lost and I do not know its current location. If stolen I would like the person responsible for the theft arrested and will appear in court if necessary. I attest that the above facts are true and correct and I understand that pursuant to C.G.S. 53a-157 false statements are punishable by law.</p> <p style="text-align: right;">_____</p> <p style="text-align: right;">Complainant's Signature</p> <p>Sworn to and subscribed before me this _____ day of _____, 20_____.</p> <p style="text-align: right;">_____</p> <p style="text-align: right;">Police Officer / Notary Public</p> <p style="text-align: center;"><b>COMPLAINANT: DO NOT WRITE OUTSIDE THIS SECTION</b></p>					

OCA #	CONN. MESSAGE #	COMMENTS

OFFICER REPORTING	BADGE NUMBER	PATROL AREA	IN SERVICE TIME	COPIES TO:	SPECIAL SERVICES	REVIEWED BY SERGEANT:
				<input type="checkbox"/> DETECTIVE DIVISION	<input type="checkbox"/> FOLLOW UP	
				<input type="checkbox"/> YOUTH BUREAU	<input type="checkbox"/> PATROL	
				<input type="checkbox"/> ADMINISTRATION	<input type="checkbox"/> OTHER:	REVIEWED BY SHIFT / DIV. CMDR: