



COLUMBIA POLICE DEPARTMENT

Shoplifting Report Form



Complete this form prior to the arrival police officers. For losses with retail value of \$50.00 or less this form will take the place of a police report.

Store Information

Date of Incident	Time of Incident	Store Name	
Store Address			Store Phone

Employee (Witness)

Full Name (Last, First, Middle)			DOB (mm/dd/yyyy)	
Home Address		City	State	Zip
Email	Home Phone		Cell Phone	

Suspect

Full Name (Last, First, Middle)		DOB (mm/dd/yyyy)		SS#
Race/Sex	Height/Weight	Home Phone	Cell Phone	
Place of Employment				
Home Address		City	State	Zip

Note: Retail Value must be \$50 or less (excluding tax). Amounts greater than \$50 will be handled with a conventional police incident report.

Property/Description	Number of Items	Retail Value
		\$
		\$
		\$
		\$
		\$
Total:		\$

On the date and time shown above the suspected entered the address shown, located within the city limits of Columbia, Missouri, took the listed property, and left or attempted to leave, the premises without paying for the item(s). All of the information on this form is true to the best of my knowledge and I understand that intentionally making false statements on this form could be considered a criminal act.

Signature of above listed Employee/Witness _____ Date

Add additional details about incident and/or statements from the suspect as needed:

Responding Officer:	CPD Case Number:
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