



FAIRFIELD POLICE DEPARTMENT

100 Reef Road
Fairfield, Connecticut 06824

FPD FILE #

STATEMENT OF LOSS

NAME	
ADDRESS # STREET	CITY / TOWN STATE ZIP
TELEPHONE #	BUSINESS PHONE #
PHOTOGRAPHS AVAILABLE CIRCLE CHOICE YES / NO	APPRAISAL AVAILABLE CIRCLE CHOICE YES / NO
INSURANCE COMPANY	POLICY NUMBER

OFFICE USE ONLY
DATE OF INCIDENT
TYPE OF INCIDENT
OFFICER ASSIGNED
DETECTIVE ASSIGNED
OTHER

INSTRUCTIONS: Please list the items missing in connection with this incident. Be as specific as possible, give make, model, any distinguishing characteristics, etc. Have your signature notarized and return this form to the Fairfield Police Department, 100 Reef Road, Fairfield, CT 06824, Attention: Investigative Division.

ITEM	DESCRIPTION	ENGRAVING	SERIAL NUMBER	VALUE

CONTINUE ON BACK IF NEEDED

I certify that the property listed on this form is owned by me, or in my care, and is missing in connection with this incident. I am aware that under Connecticut General Statute 53a-157 false statements are punishable by law.

SIGNED - COMPLAINANT

Subscribed to and sworn before me this _____ day of _____, 20_____.

NOTARY PUBLIC

ITEM	DESCRIPTION	ENGRAVING	SERIAL NUMBER	VALUE