READING POLICE DEPARTMENT
LOST PROPERTY REPORT

R.O. USE:		SCANNED:
OFFENSE CLASSIFICATION: **8805**	U.C.R. CODE:	PRIMARY OFFENSE TITLE: **LOST PROPERTY**

ASSIGNMENT NUMBER:		DATE AND TIME OFFENSE REPORTED				DATE AND TIME OFFENSE OCCURRED				DAY(S) OF WEEK
		MONTH:	DAY:	YEAR:	TIME:	M:	D:	Y:	T:	
DISTRICT:	CENSUS TRACT:					M:	D:	Y:	T:	

LOCATION OF LOSS:	TYPE OF PREMISES:	WHERE LOSS IS REPORTED:

INDICATE WITH THE PROPER CODE A PERSON'S RELATIONSHIP TO THE INVESTIGATION:

C –COMPLAINANT V-VICTIM W-WITNESS S-SUSPECT N-NAME OF INTEREST

NAME	ADDRESS	RACE	SEX	D.O.B.	TELEPHONE NUMBER(S)	CODE
					H: W:	
					H: W:	
					H: W:	

NARRATIVE – DESCRIBE BELOW THE CIRCUMSTANCES SURROUNDING YOUR PROPERTY LOSS

****** ITEMIZE ALL PROPERTY LOST ON THE REVERSE SIDE OF THIS REPORT ******

INSURANCE CARRIER PROVIDING COVERAGE:	NAME & ADDRESS OF INSURANCE CARRIER'S AGENT:	AGENT'S TELEPHONE #:

BY SIGNING AND SUBMITTING THIS REPORT OF LOST PROPERTY TO THE READING POLICE DEPARTMENT I VERIFY THAT THE FACTS SET FORTH HEREIN ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE OR INFORMATION AND BELIEF. THIS VERIFICATION IS MADE SUBJECT TO THE PENALTIES OF SECTION 4904 OF THE CRIMES CODE OF PA (18 PA.C.S. §4904) RELATING TO UNSWORN FALSIFICATION TO AUTHORITIES.

SIGNATURE OF COMPLAINANT: DATE REPORT FILED:

WITNESSING OFFICER:	COMPUTER #:	REVIEWING SUPERVISOR:	COMPUTER #:

CLEAN ENTRY	DATE & TIME:	BY WHOM:	MESSAGE #:	RADIO G.B.	DATE & TIME:	BY WHOM:

BELOW FOR RECORDS USE ONLY

RPD A2-LP (REV: 09-05-03)	PROCESSED BY:	Q.C. BY:	E-10 BY:	CLASSIFICATION CHANGED: ☐ NO YES, TO:	ENTERED BY:	PROPERTY BY:	SPECIAL DISTRIBUTION BY:	DAILY BULLETIN BY:

Distribution: Original Report to Records Two-Sided Photocopy to Complainant

ITEMIZE ALL PROPERTY LOST ON THIS SIDE OF THE REPORT

CODE	PROPERTY TYPE	PROPERTY DESCRIPTION AND IDENTYFIYING NUMBERS	DOLLAR VALUE