LBPD LOSS FORM

DR# _____   SUPP# _____

DATE/TIME OCCURRED _____

CRIME CLASS _____

OFFICER COMPLETED ☐   VICTIM COMPLETED ☐   TELEPHONIC ☐

VICTIM/BUSINESS _____

ADDRESS _____

PHONE (_____)_____

PD 2240.009(C)

ITEM#	INVOLVE DATE	ARTICLE(NO GUNS)	BRAND (NO GUNS)	MODEL	SERIAL#	OWNER APPLIED#	QUANTITY	VALUE
MAKE(GUNS ONLY)	TYPE-CAT(GUNS)	CALIBER	MATERIAL	SIZE	COLOR	DESCRIPTION		
REMARKS								

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OFFICER#1	DID#1	OFFICER#2	DID#2

THIS INFORMATION IS AVAILABLE IN AN ALTERNATIVE FORMAT BY REQUEST TO PERSONNEL ADMINISTRATOR KAREN OWENS AT (562) 570-7120.