



# RETAIL THEFT REPORT

## GRAND PRAIRIE POLICE DEPARTMENT

**(FOR USE ONLY WHEN TOTAL LOSS IS \$100.00 OR LESS)**

Name of Business	Business Address	
Business Phone	Date of Offense	Time of Offense
Name of Reporting Person/Title	Home Address	
Signature-Authorizing Prosecution	City, State, Zip	Home Phone
Will the witness/employee submit to a polygraph examination? Yes _____ No _____		

Description of Loss:	Value
	\$ _____
	\$ _____
	\$ _____
<b>Total</b>	<b>\$ _____</b>

Can Suspect be identified if located? Yes \_\_\_\_\_ No \_\_\_\_\_

**Vehicle Description:**

Make _____ Model: _____	Year _____ Color _____
License# _____ State _____	Year _____
Unusual characteristics of Suspect Vehicle: (Damage, Etc.)	

**Suspect Description:**

Race: _____ Sex: _____ Age: _____ Height: _____ Weight: _____ Hair: _____ Eyes: _____
Other: _____
Clothing Description: _____

Witness Information:		Witness Information:	
Name	Race/Sex/DOB	Name	Race/Sex/DOB
Address	City, State, Zip	Address	City, State, Zip
Home Phone	Business Phone	Home Phone	Business Phone

**Briefly describe what happened (required):**


**Use other side if needed. This form should be completed and submitted to the Grand Prairie Police Department, 1525 Arkansas Ln., Grand Prairie, TX 75052 within 72 hours.**