**Lost/Stolen Property Report**

**Item Description:**

**Brand/Model: Color:**

**Serial #: Value:**

**Other Information or Descriptions:**

**Location where it was Lost/Stolen:**

**Date and Time Lost Between: and**

**Signature: Date:**

1. Please complete this form in its entirety.
2. This form will be retained at the Coatesville Area School District Police Department for 1 year.
3. Copies of this form may be obtained by contacting our Police Department at 484-784-9118, M-F 7:00 a.m. – 3:00 p.m. or by emailing police@casdschools.org.
4. Please contact our Police Department immediately and let us know if you found this property.

**Your Information (Reporting Party)**

**Name: DOB:**

**Address:**

**City State Zip**

**Email: Phone:**

For Police Department Use

Received By: Date Received:

Incident #: Reference #:

Returned To: Date Returned:

**STOLEN ITEMS WILL BE ENTERED INTO THE NCIC DATABASE**