



BURGLARY REPORT CHECK SHEET

CR NO. _____

TYPE OF BURGLARY:		PLACE OF OFFENSE:	
DATE OF OFFENSE:	TIME:	WEATHER CONDITIONS:	
DATE REPORTED:	TIME:	TEMPERATURE:	
INSURANCE COMPANY:			
VICTIM:		DOB:	SSN:
ADDRESS:			
BUSINESS PHONE:		HOME PHONE:	
INDIVIDUAL WHO DISCOVERED CRIME:		DOB:	SSN:
DESCRIPTION OF BUILDING:			
OWNER OF PROPERTY:			
DAMAGE TO PREMISES:			
LOCATION OF BUILDING OCCUPANTS _____ AT TIME OF ENTRY: _____			
LAST TO LEAVE BUILDING: NAME _____ ADDRESS: _____ PHONE: _____			
WERE ALL DOORS AND WINDOWS SECURE?			
HOW DID BURGLAR ENTER BUILDING?			
HOW DID BURGLAR EXIT BUILDING?			
IS THERE EVIDENCE TO INDICATE AN INSIDE JOB?			
WERE THERE ANY SUSPICIOUS PERSONS PRESENT PRIOR TO ENTRY?			
SUSPECTS? YES <input type="checkbox"/> NO <input type="checkbox"/>	IF YES, NAME: _____ ADDRESS: _____ DOB: _____ SSN: _____		
DID BURGLAR LEAVE TOOLS AND/OR EVIDENCE?			
WHO FOUND TOOLS AND/OR EVIDENCE? NAME: _____ LOCATION: _____			

UNIT: _____ OFFICER: _____

**BURGLARY REPORT CHECK SHEET
(CONTINUED)**

WERE THERE ANY WITNESSES?	
HOW IS PROPERTY IDENTIFIED?	
ENTERED NCIC?	PHOTOS TAKEN?
LATENT PRINTS LIFTED?	EVIDENCE RECOVERED:
WAS ANY PROPERTY RECOVERED?	WHERE?
HOW WAS STOLEN PROPERTY CARRIED AWAY?	
ANY TYPE OF ALARM? (SILENT – AUDIBLE) _____	
DID IT WORK? _____ IF NOT, WHY? _____	
DOES VICTIM BELONG TO FARM BUREAU AND HAVE SIGNS POSTED?	
NEIGHBORS CHECKED? (CHECK WITH ALL AND RECORD.)	
NO. 1: NAME: _____	
ADDRESS: _____	
DOB: _____	SSN: _____ PHONE: _____
STATEMENT OF WHAT WAS SEEN: _____	

NO. 2: NAME: _____	
ADDRESS: _____	
DOB: _____	SSN: _____ PHONE: _____
STATEMENT OF WHAT WAS SEEN: _____	

NO. 3: NAME: _____	
ADDRESS: _____	
DOB: _____	SSN: _____ PHONE: _____
STATEMENT OF WHAT WAS SEEN: _____	

