



SUMMIT COUNTY SHERIFF'S OFFICE
 Post Office Box 210 / 510 North Park Avenue
 Breckenridge, Colorado 80424
 970.453.2232 | Metro 303.573.7598 | FAX 970.453.7329

CASE REPORT #
 (For Official Use Only)

COLD OFFENSE REPORT FORM

WHAT OCCURED:

Lost/Missing Property Theft (Stolen Property)

WHEN OCCURED: * indicates a required field

Enter the Date or Approximate Date of the Occurrence

*Date mm/dd/yy

*Time hh:mm

a.m. p.m.

WHERE OCCURED:

Business Name
 (if any)

House Number

Street Name

Building

Apt/Suite

City

State

Zip

Type of Victim:

Business Individual Financial Religious Government Society Other

Type of Location * Choose A Value 01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25

- | | | | |
|-------------------------------|-----------------------------------|-----------------------|----------------------------|
| 01 Air/Bus Terminal | 07 Convenience Store | 13 Highway/Road/Alley | 19 Rental/Storage Facility |
| 02 Bank/Savings Loan | 08 Department/Discount Store | 14 Hotel/Motel/Etc. | 20 Residence/Home |
| 03 Bar/Night Club | 09 Drug Store/Dr. Office/Hospital | 15 Jail/Prison | 21 Restaurant |
| 04 Church/Synagogue/Temple | 10 Field/Woods | 16 Lake/Waterway | 22 School/College |
| 05 Commercial/Office Building | 11 Government/Public Building | 17 Liquor Store | 23 Service/Gas Station |
| 06 Construction Site | 12 Grocery/Supermarket | 18 Parking Lot/Garage | 24 Specialty Store |
| | | | 25 Other/Unknown |

WHO ARE YOU:

Last Name*

First Name*

Middle

Date of Birth

* mm/dd/yy

Age

Your

Gender

Male Female

Occupation

Email

Driver's License

State

Race

Black

White

Asian/Pacific Islander

Alaskan Native

American Indian

Residence:

Street Number

Street Name

Building

Apt. Number

City

State

Zip

Home Telephone
*xxx-xxx-xxxx

Cell Phone

Mailing Address
(if different than physical address)

PO Box

City

State

Zip

Businesses:

Business Name

Street
Number

Street
Name

PO Box

Building

Suite

City

State

Zip

Work Telephone
*(xxx)xxx-xxxx

Ext

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DESCRIBE WHAT HAPPENED

WHAT WAS LOST OR STOLEN

ITEM 1:

Color			Quantity	Description
Make			Model	Serial#
(Choose One)	Lost	Stolen	Value Each	Total Value

ITEM 2:

Color			Quantity	Description
Make			Model	Serial#
(Choose One)	Lost	Stolen	Value Each	Total Value

ITEM 3:

Color			Quantity	Description
Make			Model	Serial#
(Choose One)	Lost	Stolen	Value Each	Total Value

VICTIM'S NAME *
PHONE NUMBER*
(xxx)xxx-xxxx

DATE*
TIME* hh:mm

a.m. p.m.

By submitting information on the report to the Summit County Sheriff's Office, you are making the following representation: Under penalty of perjury, I declare that this report and the information contained herein is true, correct, and complete to the best of my knowledge and belief. Reporting of any crime that is false is punishable by law and may result in criminal prosecution.