BELLEVILLE POLICE DEPARTMENT CITY OF BELLEVILLE, ILLINOIS

STOLEN BICYCLE OFFENSE FORM

Report Number				
Page Number	Date Reported	Time Reported	Date Theft Occurred	Time Theft Occurred
Location of Occurrence:				District
Offense: **THEFT**			Person Making Report	
Victim (First Name Middle Init. Last Name)				Phone
Address				

CODES: D= DISCOVERED BY R= REPORTED BY S= *SUSPECT W= WITNESS (* = Information Required in below Boxes marked with *)

Code	#	Name: (First Name Middle Init. Last Name)				Address:	
Age	D.O.B.	Sex ☐ M ☐ F	Race	Relationship to Victim		Occupation	Phone
*Height	*Weight	*Hair	*Eyes	*Build	*Complexion	Place of Employment:	

Code	#	Name: (First Name Middle Init. Last Name)				Address:	
Age	D.O.B.	Sex ☐ M ☐ F	Race	Relationship to Victim		Occupation	Phone:
*Height	*Weight	*Hair	*Eyes	*Build	*Complexion	Place of Employment:	

Bicycle Information

Year	Make	Model	Style
Color		Serial Number	

Other Identifiers/Accessories (i.e. fenders, wheel size, type of handle bars and seat, ID markings, decals, pegs, etc.)

Method and/or Tools Used to commit Theft	Was Bicycle Locked? ☐ YES ☐ NO	Total Value of Loss	Insured? ☐ YES ☐ NO

Miscellaneous:

– DEPARTMENT USE INFORMATION –

LEADS #	Date entered	Time Entered	Entered By
Date Recovered	Time recovered	Recovered By	See Report Number for Arrest/Recovery. #
Condition	Owner Contacted ☐ YES ☐ NO	Date Contacted	Time Contacted
Contacted By	Date Bike Returned	Signature of Person Receiving Bicycle	
Officer Assigned		Officer Releasing Bicycle	

Return completed form via email to dispatch@bellevillepolice.org or fax to 618-234-7133