



NEW BRITAIN POLICE DEPARTMENT

Criminal Investigation Division- Detective Bureau



Case Number: _____

Page Number _____ of _____

Name: _____, Sex: _____ Age: _____ D.O.B. ____ / ____ / ____ Telephone (____) ____ - _____
 Last, First

Address: _____ City: _____ State: _____ Zip: _____ Date Reported: ____ / ____ / ____

The inventory list below must be completed by the Complainant (the loss sufferer). All items that are listed must have been lost as a result of the original burglary or larceny complaint report as indicated by the case number above (upper left corner). No lists or inventories other than on this form will be accepted. In the event that further items are found missing due to the reported theft, an additional form must be completed. The Complainant (loss sufferer) will be required to take a proper oath attesting to the truth and accuracy of this Statement of Losses Inventory. There will be no fee charged for administering the oath to the Complainant when the oath is taken at the New Britain Police Department, Detective Bureau. Do **NOT** fill in the columns headed "Code" and "UCR Code", they are for Police Use only. Any questions relative to this form should be directed to the New Britain Police Department, Detective Bureau, telephone number (860) 826-3000.

Code	Qty.	Year	Item	Brand	State	Regis- tration	Color Characteristics/Condition	Dollar Value	UCR Code

Affidavit Statement
Complainant

Notarized Signature

Subscribed and
Sworn to Before
Me This Day

Police Supervisor
or Notary Public

WARNING:
False Statement is a Violation of the
Connecticut State Penal Codes.