



LOS ANGELES POLICE DEPARTMENT
CALIFORNIA PROPERTY DAMAGE REPORT

				Form Number		Report Number	
Date	Time	Postal	Location		Type of Property		Cause of Damage
REPORTING PARTY INFORMATION							
Name: First			Middle			Last	
Residential Address			City	State	Postal	Phone Number	
Gender	Eyes	Hair	Height	Weight	Date of Birth	Email Address	Relation to Property
PROPERTY DESCRIPTION							
What was Damaged?		Description of Damage					
Narrative / Notes							
OFFICER INFORMATION							
I certify upon reasonable grounds that the information provided in this Property Damage Report is true and accurate to the best of my knowledge. This report has been completed in accordance with agency guidelines and departmental procedures for documenting property-related incidents and damage assessments.							
Officer Name		Badge Number		Agency		Signature	
				LOS ANGELES POLICE DEPARTMENT			