

NEW ORLEANS POLICE DEPARTMENT INVESTIGATION REPORT AND AFFIDAVIT  
TO BE PREPARED IN ALL THEFT/BURGLARY CASES AND ATTACHED TO THE ORIGINAL INCIDENT REPORT

SIGNAL: \_\_\_\_\_ DATE: \_\_\_\_\_ ITEM # \_\_\_\_\_

Person reporting theft/burglary (Name) \_\_\_\_\_ Relationship to victim/owner: \_\_\_\_\_

Phone number of person making report: \_\_\_\_\_

Property Listed as Stolen Check ONE Box for each number

- 1. Leased ( ) Rented ( ) Private Owner ( ) Corp. / Company Vehicle ( )
- 2. Was property purchased - New ( ) Purchased Used ( ) Total Value: \_\_\_\_\_
- 3. Theft Location - On Street ( ) House ( ) Business ( ) Other ( ) \_\_\_\_\_

Who Discovered Theft/Burglary: (Name) \_\_\_\_\_ LAST SEEN: Date: \_\_\_\_\_ Time: \_\_\_\_\_

Were there any signs of forced entry? \_\_\_\_\_ Have you checked with the Owner/Manager? \_\_\_\_\_

List any identifying or distinguishing features (i.e. accessories, damage etc...attach continuation sheet if more room is needed) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any receipts evidencing the purchase of the property? YES ( ) NO ( )

Insurance Company's Name: \_\_\_\_\_ Policy #: \_\_\_\_\_

Are there any active Liens on the listed property? YES ( ) NO ( ) If so with whom & how much do you owe? \_\_\_\_\_

Has your vehicle experienced any mechanical problems, which may have disabled the vehicle? YES ( ) NO ( )

- | YES | NO  |   |
|-----|-----|---|
| ( ) | ( ) | 1. Was the house/business/vehicle locked?   |
| ( ) | ( ) | 2. Were the keys in the house/business/vehicle?   |
| ( ) | ( ) | 3. Do you have all sets of keys to the house/business/vehicle?                                      |
| ( ) | ( ) | 4. Have duplicate keys been made?   |
| ( ) | ( ) | 5. Was the Title or Registration in the vehicle? If so which: _____                                 |
| ( ) | ( ) | 6. Has your vehicle been involved in an accident recently, if so where is the damage located? _____ |

( ) ( ) 7. Do you suspect anyone in this theft/burglary? If so who? Why? \_\_\_\_\_

( ) ( ) 8. Has this house/business been broken into before or items stolen from the house/business before? \_\_\_\_\_

( ) ( ) 9. Did you give anyone permission to use or enter your house/business/vehicle? If so who? (Name) \_\_\_\_\_

( ) ( ) 10. Is your vehicle equipped with any after market tracking devices i.e. (Lo-jack, or On Star). If so which: \_\_\_\_\_

N.C.I.C. Contact: \_\_\_\_\_ Access #: \_\_\_\_\_ Bulletin # \_\_\_\_\_

IF MAILING IN, MAIL TO:  
NEW ORLEANS POLICE DEPARTMENT  
RECORDS AND IDENTIFICATION SECTION (THEFT/BURGLARY)  
715 SOUTH BROAD STREET  
NEW ORLEANS, LOUISIANA 70119

REPORTING PERSON MUST READ AND SIGN

R.S. 14:59 (5) Criminal Mischief

Criminal mischief is the performance of any of the following acts:

(5) Giving of any false report or complaint to a sheriff, or his deputies, or to any officer of the law relative to the commission of, or an attempt to commit, a crime.

**B. Whoever commits the crime of criminal mischief shall be fined not more than five hundred dollars, or be imprisoned for not more than six months in the parish jail, or both.**

R.S. 14: 133 Filing or Maintaining False Public Records

A. Filing false public records is the filing or depositing for record in any public office or with any public official, or the maintaining as required by law, regulation, or rule, with knowledge of its falsity, of any of the following:

- (1) Any forged document.
- (2) Any wrongfully altered document.
- (3) Any document containing a false statement or false representation of a material fact.

B. The good faith inclusion of any item of cost on a Medical Assistance Program cost report which is later determined by audit to be nonreimbursable under state and federal regulations shall be an affirmative defense to a violation of this Section.

**C. Whoever commits the crime of filing false public records shall be imprisoned for not more than five years with or without hard labor or shall be fined not more than five thousand dollars, or both.**

17271 M.C.S. 54-445, et seq. False alarms, false reports of fire, police, ambulance

It shall be unlawful for any person to intentionally report a false alarm of fire, or need for police or ambulance assistance or to intentionally report to a peace officer any false, misleading or unfounded statement concerning commission of any crime.

**Any person who violates this section shall be fined \$500.00 and imprisoned for six months per offense.**

AFFIDAVIT

State of \_\_\_\_\_  
Parish/County \_\_\_\_\_

Before me the undersigned came and appeared \_\_\_\_\_ and after being duly sworn did depose and state:

- 1. I read, write, and understand the English language
- 2. I read all the information contained on Page 1 and 2 of this affidavit, and it is true and correct to the best of my knowledge, information, and belief;
- 3. The property described on Page 1 of this affidavit was taken without my permission on or about the \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_\_.
- 4. I understand filing a false affidavit to support an alleged theft of property under R.S. 14:59 (5) Criminal Mischief, is punishable by a fine of not more than five hundred dollars or imprisoned for not more than six months in the parish jail or both. I also understand filing a false affidavit under R.S. 14: 133, Filing or Maintaining False Public Records, is a felony and is punishable by imprisonment for not more than five years with or without hard labor or fined not more than five thousand dollars, or both. I also understand filing a false affidavit under 54-445,et seq. False Alarms, False Reports of fire, police, ambulance is punishable by a \$500.00 fine and imprisonment for six months per offense.

Sworn to and subscribed before me on the \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_\_.

\_\_\_\_\_/\_\_\_\_\_  
Affiant signature (Also print full name) Address and telephone number

Witness:

\_\_\_\_\_/\_\_\_\_\_  
Signature (Also print full name) Address and telephone number

Witness:

\_\_\_\_\_/\_\_\_\_\_  
Signature (Also print full name) Address and telephone number

\_\_\_\_\_/\_\_\_\_\_  
Notary Signature (No. \_\_\_\_\_) Print full name

My Commission Expires: \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_  
Signature of Officer Administering Oath (Badge Number \_\_\_\_\_) Print full name