

Loss Report

Major Crimes Bureau / Cargo CAT 11515 S. Colima Road Rm C111 Whittier, CA 90604

Phone: (562) 946-7010 Fax: (562) 944-5982 E-mail: cargocats2@lasd.org

Date Reported:

Date and Time of Theft:				
Reported to Agency:	Officer:	File No.:	Phone No.	o:
Location of Theft:	City:	Security Co.:	Guard(s) Name:	
Victim Company:	Address: City:			e No.:)
Company Contact-Name (List two)	Position/Title	::	After H	ours Phone No.:
Where was Freight Coming From?	Where was Freight Going?			
Shipper:	Consignee:			
Type of Product: Brand:	Model(s):	Are	Serial No.'s Available? [Yes No
Quantity: Wholesale Value:	Purchase Or	der Number(s):		
Total Value of Vehicles Stolen:	Name on Container:		Container No.:	
Trailer Make: Color: Lic. No.:	State: Chassis	No.:	Chassis Lic. No.:	State:
Tractor Make: Color: Lic.	No.:	State: Mark	ings on Tractor:	
Driver's Name:	Driver's Lice	nse No.:		State:
Trucking Co. if Different than Victim:	Co. if Different than Victim: Address:		Phone No.:	
Insurance Company:	Adjuster Na	me:	Phone No.:()
How Did Theft Occur?				
Suspect Description:				
Weapon Used? Yes No Type: Suspect Vehicle Description:				
Equipment Been Recovered? Yes No Recovered by:			Date:	
Location Recovered:	City:	,	Was Freight Recovered?	Describe Below
Comments:				
Sender:	Phone No.: ()		FAX No.: ()	