



AAPD Retail Fraud First Offender Form



To: **Midnight Desk Officer**

AAPD Case Report No.: _____

ELIGIBILITY

All criteria must be met or an Officer will be dispatched to handle report

- Value Stolen / Recovered is less than \$500
 - No Resistance when arrested by Store Personnel
 - Suspect Admits Responsibility for Crime
 - All Suspects in case must be eligible
 - Suspect's ID clearly established (ID# Recorded below)
 - Reportee must FAX store report and this form to (734) 994-2850
- Total: \$ _____
- No other crimes
 - No Warrants
 - No Criminal History

Reportee Name: _____ Report Date/Time: _____

Business Name: _____ Telephone #: _____

Address: _____

SUSPECT INFO

Last First Middle

Race/Sex: ____ / ____ DOB: _____ Juvenile: No Yes – Complete **JUVENILE INFO** Section Below

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

Address: _____
Street #/Name Apt. City State Zip

Home Phone Cell or Work Phone / State/ID #

ADDITIONAL JUVENILE INFO (Mandatory for suspects 16 years old and under)

School Name/City: _____

Parent/Guardian Name (include 'released to' info if not parent/guardian):

Last First Middle

Home Phone Cell or Work Phone / State/ID #

Last First Middle

Home Phone Cell or Work Phone / State/ID #