

**READING POLICE DEPARTMENT**  
**LOST PROPERTY REPORT**

R.O. USE:	SCANNED:
OFFENSE CLASSIFICATION: <b>8805</b>	U.S.R. CODE: PRIMARY OFFENSE TITLE <b>LOST PROPERTY</b>

ASSIGNMENT NUMBER:	DATE AND TIME OFFENSE REPORTED				DATE AND TIME OFFENSE OCCURRED				DAY(S) OF WEEK
DISTRICT:	CENSUS TRACT:	MONTH:	DAY:	YEAR:	TIME:	M:	D:	Y:	T:
						M:	D:	Y:	T:

LOCATION OF LOSS:	TYPE OF PREMISES:	WHERE LOSS IS REPORTED:
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INDICATE WITH THE PROPER CODE A PERSON'S RELATIONSHIP TO THE INVESTIGATION:  
**C -COMPLAINANT V-VICTIM W-WITNESS S-SUSPECT N-NAME OF INTEREST**



NAME	ADDRESS	RACE	SEX	D.O.B.	TELEPHONE NUMBER(S)	CODE
					H: W:	
					H: W:	
					H: W:	

NARRATIVE - DESCRIBE BELOW THE CIRCUMSTANCES SURROUNDING YOUR PROPERTY LOSS

\*\*\*\* ITEMIZE ALL PROPERTY LOST ON THE REVERSE SIDE OF THIS REPORT \*\*\*\*

INSURANCE CARRIER PROVIDING COVERAGE:	NAME & ADDRESS OF INSURANCE CARRIER'S AGENT:	AGENT'S TELEPHONE #:
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BY SIGNING AND SUBMITTING THIS REPORT OF LOST PROPERTY TO THE READING POLICE DEPARTMENT I VERIFY THAT THE FACTS SET FORTH HEREIN ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE OR INFORMATION AND BELIEF. THIS VERIFICATION IS MADE SUBJECT TO THE PENALTIES OF SECTION 4904 OF THE CRIMES CODE OF PA (18 PA.C.S. §4904) RELATING TO UNSWORN FALSIFICATION TO AUTHORITIES.

SIGNATURE OF COMPLAINANT:	DATE REPORT FILED:
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WITNESSING OFFICER:	COMPUTER #:	REVIEWING SUPERVISOR:	COMPUTER #:
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<b>CLEAN ENTRY</b>	DATE & TIME:	BY WHOM:	MESSAGE #:	<b>RADIO G.B.</b>	DATE & TIME:	BY WHOM:
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RPD A2-LP (REV. 08-05-03)	BELOW FOR RECORDS USE ONLY							
	PROCESSED BY:	Q.C. BY:	E-10 BY:	CLASSIFICATION CHANGED: <input type="checkbox"/> NO	ENTERED BY:	PROPERTY BY:	SPECIAL DISTRIBUTION BY:	DAILY BULLETIN BY:
	YES. TO:							



## NOTIFICATION OF CRASH INVESTIGATION

REPORTABLE CRASH (PENNDOT AA-500)

NON-REPORTABLE CRASH (RPD N-9)

ASSIGNMENT NUMBER:	DATE OF REPORT:	INVESTIGATING OFFICER OR CITIZEN REPORTING NAME:	BADGE #:
CRASH DATE:	CRASH TIME:	CRASH DAY:	CRASH LOCATION:

UNIT #				UNIT #								
<input type="checkbox"/> DRIVEN		<input type="checkbox"/> PARKED		<input type="checkbox"/> HIT & RUN		<input type="checkbox"/> DRIVEN		<input type="checkbox"/> PARKED		<input type="checkbox"/> HIT & RUN		
OPERATOR'S NAME:				OPERATOR'S NAME:				DOB:		DOB:		
STREET ADDRESS:				RACE:		STREET ADDRESS:				RACE:		
CITY:			STATE:	ZIP:		CITY:			STATE:	ZIP:		
OPERATOR'S LICENSE NUMBER:		STATE:	TELEPHONE NUMBER:			OPERATOR'S LICENSE NUMBER:		STATE:	TELEPHONE NUMBER:			
VIOLATIONS INDICATED:		ISSUED CITATION NUMBERS:				VIOLATIONS INDICATED:		ISSUED CITATION NUMBERS:				
OWNER'S NAME:			TELEPHONE NUMBER:			OWNER'S NAME:			TELEPHONE NUMBER:			
STREET ADDRESS:			H- W-			STREET ADDRESS:			H- W-			
CITY:			STATE:	ZIP:		CITY:			STATE:	ZIP:		
VEHICLE REGISTRATION:		STATE:	VEHICLE YEAR AND MAKE:				VEHICLE REGISTRATION:		STATE:	VEHICLE YEAR & MAKE:		
VEHICLE MODEL:		COLOR:	DAMAGE:			VEHICLE MODEL:		COLOR:	DAMAGE:			
INSURANCE COMPANY:		INSURANCE POLICY NUMBER:				INSURANCE COMPANY:		INSURANCE POLICY NUMBER:				
VIOLATIONS INDICATED:		ISSUED CITATION NUMBERS:				VIOLATIONS INDICATED:		ISSUED CITATION NUMBERS:				
WITNESS NAME:			ADDRESS:				WITNESS NAME:			ADDRESS:		
WITNESS NAME:			ADDRESS:				WITNESS NAME:			ADDRESS:		
TELEPHONE NUMBER: H- W- H- W-												
ADDITIONAL INFORMATION:												
<div style="border-bottom: 1px dashed black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px dashed black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px dashed black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px dashed black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px dashed black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px dashed black; margin-bottom: 5px;"></div>												
INVESTIGATING OFFICER'S OR CITIZEN REPORTING SIGNATURE:				BADGE #:		REVIEWING SUPERVISOR'S OR ACCEPTING OFFICER'S SIGNATURE:				BADGE #:		

1. IF YOUR CRASH WAS A REPORTABLE CRASH (DEATH, INJURY, TOWING), THIS RPD-N-9 REPORT CONFIRMS THAT IT HAS BEEN INVESTIGATED BY A READING POLICE OFFICER AND YOU DO NOT HAVE TO FILE AN ADDITIONAL CRASH REPORT WITH THE PA DEPARTMENT OF TRANSPORTATION.
2. PENNDOT CRASH REPORTS MAY BE VIEWED WITHOUT CHARGE AT THE READING POLICE RECORDS DEPT IN CITY HALL. PHOTOCOPIES OF CRASH REPORTS ARE AVAILABLE 2 - 3 DAYS AFTER DATE OF CRASH - FOR A FEE - AT [www.crashdocs.org/pa-readingpd](http://www.crashdocs.org/pa-readingpd) OR THE RECORDS DEPT IN CITY HALL.
3. IF YOUR CRASH WAS A NON-REPORTABLE CRASH THIS WILL BE THE ONLY REPORT ON FILE.

## NOTIFICATION OF CRASH INVESTIGATION INSTRUCTIONS

1. Did any vehicle involved in the accident require towing?
2. Did either vehicle have someone in it who suffered any physical injuries?
3. Were any pedestrians struck?
4. Did the accident occur outside of the City of Reading boundaries?
5. If the answer is YES to any of the above then a police officer must do the report and you should contact the Police at 610-655-6116. If it occurred outside the City of Reading boundaries then you must contact the police department where your accident occurred.
6. If the answer to all the above is NO then you can:
  - printout this report, fill it out, and bring it to the Desk Sergeant area of City Hall or send it in by mail to:
    - Reading Police Records Department
    - City Hall
    - 815 Washington Street
    - Reading, PA 19601
7. This report should be used for Hit and Run accidents involving parked cars with no injury to persons.
8. The report should be prepared as completely as possible.
9. If you do not know certain information about the other driver/vehicle such as in a Hit and Run, leave all unknown areas blank concerning that vehicle.
10. Please print legibly.
11. Make sure your name is printed in the block titled "Investigating Officer or Citizen Reporting Name" near the top.
12. Make sure you place your signature in the block titled Investigating Officer's or Citizen Reporting Signature" near the bottom.

BE ADVISED THAT YOUR SUBMISSION OF THIS REPORT TO THE READING POLICE DEPARTMENT IS FILING AN OFFICIAL POLICE REPORT AND THEREBY PROVIDING ANY FALSE INFORMATION IS SUBJECT TO POSSIBLE CRIMINAL PROSECUTION.