

Victim Infor	mation							
Name (Last, F	Date of Birth:							
Residence Ac	ddress:							
City:				State:		Zip Code:		
Email Address	S:							
Home Phone:		Cell Pho	Cell Phone:		Work Phone	e:		
Height: Weight: Ge		Gender:	Ą	Age:		Race:		
0								
Campus Aff	illation							
Campus Affiliation: CCD CU Denver MSU Denver AHEC Vendor Visitor								
Status: Student Faculty Staff Vendor Visitor								
Business/Wo	rk Name:							
Business/Wo	rk Address:							
City:				State:		Zip Code:		
Business/Work Phone:								
Timeframe	of Theft							
Date(s) when the incident occurred:								
The incident occurred between the hours of \Box a.m./ \Box p.m. and \Box a.m./ \Box p.m.								
Description	of Stolen Pro	bertv						

List every item (of value) stolen.

Description of Property (make/model/size/type/color)	Estimated Value	Serial Number

Description of Incident

Briefly describe what happened when the theft took place. Please include what you were doing prior, during, and after the theft took place. Where was your property at the time it was stolen (open office, desk, bench, table, etc.)?

Submit Form

Once complete, this form may be delivered to the Auraria Campus Police Department in one of the following ways:

- Email: dispatch@ahec.edu
- In-person: 1201 5th Street, Suite 110
- Fax: 303-556-3257

