D / D / I	
Date Reported:	Service Number:

## Dallas Police Department Report of Theft with Arrest (Shoplifting) Affidavit THIS DOCUMENT MUST BE COMPLETED BY BUSINESS AGENT AND GIVEN TO TRANSPORTING DALLAS POLICE OFFICERS

Complainant: Business)	Reporting Person Name:			
Complainant Address,	Home Address of RP Home or Cell Phone of RP			
Complainant Telephone				
Property (Attach Store Reco	eint)	Email of RP		
Description		Quantity	Value	
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NT / / / / / / / / / / / / / / / / / / /	·c '1 1 1 \			
Narrative (Attach narrative	if available)			
Central Investigative 334 S. Hall	Southeast Investigative 725 N. Jim Miller Rd.	Northwest Investigative 9801 Harry Hines Blvd	North Central Investigative 6969 McCallum Blvd.	
Dallas, TX 75226	Dallas, TX 75217	Dallas, TX 75220	Dallas, TX 75252	
(214)670-4414	(214)670-8346	(214)670-6179	(214)670-7236	
Northeast Investigative	Southwest Investigative			
9915 E. NW Hwy. Dallas, TX 75238	4230 W. Illinois Ave. Dallas, TX 75211	1999 E. Camp Wisdom Rd. Dallas, TX 75241		
(214)670-4416	(214)670-7471	(214)671-4501		
(21.)070 1.110	(21.)070 7.71	(21.)071 1001		
WAS THIS OFFENSE	RECORDED ON VIDE	O? YES	NO	
affidavit. If video is una	eo evidence of the theft, a available at the time of the the investigative units ab	he arrest, the business ha	software, must be attached to this is 3 Business Days from the arrest date to	
	NOTICE - READ T	HIS LEGAL DOCUMENT	CAREFULLY	
Section 31.03. The his or her allegation	observed by the reporting pene reporting person; who, acoust that the listed suspect com-	erson committing the offense cting as an agent for the con mitted the offense of Theft:	of Theft as defined in the Texas State Penal Cod implainant, affirms that the following facts supportession of merchandise and;(INITIAL)	
o The repor	rting person observed the sus	spect conceal or carry away o	or convert merchandise and;(INITIAL)	
☐ I agree to assist i	in the prosecution of this o	ct fail to pay for the merchan offense and that the unders aw against the suspect.	dise(INITIAL) signed is affirming as the witness of this offens(INITIAL)	
Signature of Reporting Pers Transporting Officer Signat	son: ture and Badge Number:	Date:		