

**Pershing County Sheriff's Office
Missing or Lost Property Report**

Case # _____
Incident # _____

REPORTING PART	OWNER'S LAST NAME (LAST, FIRST, MIDDLE)		PHONE(S): RES: _____	
			BUS: _____	
OWNER'S ADDRESS (NUMBER, STREET, CITY, STATE, ZIP CODE)		SSN: _____	D.O.B. _____	
DATE AND TIME OCCURRED: _____		REPORTED DATE AND TIME: _____	LOCATION OF OCCURRENCE: _____	
STOLEN ITEM(S)	<input type="checkbox"/> CELL PHONE	<input type="checkbox"/> CAMPING GEAR/EQUIPMENT	<input type="checkbox"/> COMPUTER/LAPTOP	<input type="checkbox"/> KEYS
	<input type="checkbox"/> BICYCLE	<input type="checkbox"/> CAMERA/EQUIPMENT	<input type="checkbox"/> TABLET	<input type="checkbox"/> Passport/ID
	<input type="checkbox"/> BACK PACK	<input type="checkbox"/> PURSE	<input type="checkbox"/> GENERATOR	
	<input type="checkbox"/> ELECTRIC BICYCLE	<input type="checkbox"/> SCOOTER	<input type="checkbox"/> OTHER: _____	
DESCRIPTION	SERIAL/MODEL NUMBER: _____		DESCRIPTION: _____	
	SERIAL/MODEL NUMBER: _____		DESCRIPTION: _____	
	SERIAL/MODEL NUMBER: _____		DESCRIPTION: _____	
	SERIAL/MODEL NUMBER: _____		DESCRIPTION: _____	
	SERIAL/MODEL NUMBER: _____		DESCRIPTION: _____	
CIRCUMSTANCES	<input type="checkbox"/> AWAY FROM CAMP	<input type="checkbox"/> DRUGS INVOLVED		
	<input type="checkbox"/> UNDER THE INFLUENCE	<input type="checkbox"/> DURING THE DAY		
	<input type="checkbox"/> TIRED/SLEEP DEPRIVED	<input type="checkbox"/> DURING THE NIGHT		
	<input type="checkbox"/> HEAT EXHAUSTION	<input type="checkbox"/> OTHER: _____		
PLEASE DESCRIBE IN DETAIL WHAT HAPPENED				
NRS	NRS 207.280 False reporting of crimes unlawful. Every person who deliberately reports to any Police Officer, Sheriff, District Attorney, Deputy Sheriff, Deputy District Attorney or member of the Department of Public Safety that a Felony or Misdemeanor has been committed, which causes a law enforcement agency to conduct a criminal or internal investigation, knowing such report to be false, is guilty of a misdemeanor.			
SIGNATURE	SIGNATURE: _____		DATE AND TIME: _____	
	PRINT NAME: _____			
	WITNESS: _____		DATE AND TIME: _____	