



OMAHA POLICE DEPARTMENT

Police Equipment - Accountability



| | | | | | |
|---|------------------------|--|--|-----------------|--|
| Location of Occurrence (if known) | | | | RB No. (if any) | |
| <input type="checkbox"/> Damaged <input type="checkbox"/> Lost <input type="checkbox"/> Stolen <input type="checkbox"/> General Maintenance | | | Investigation Required <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Day/Date/Time Occurred (Damaged-Lost-Stolen) | | | Day/Date/Time of this Report | | |
| POLICE VEHICLE | | | | | |
| Vehicle Year | Vehicle Mileage | Color | Make | Model | |
| Body Style | Car No. | License No. | VIN | VAN | |
| OTHER TYPES OF POLICE EQUIPMENT | | | | | |
| Type of Equipment | | Brand Name | | Model Number | |
| Serial Number | | | City Tag Number | | |
| Describe Circumstances and/or Damage: (Include all RB Numbers and location of damage, if vehicle) | | | | | |
| | | | | | |
| Supervisory Investigation (if applicable): Use Inter-Office Memo for remarks, witness information, and recommendations. | | | | | |
| Typed or Printed Name of Employee | | Other Report(s) <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| | | Specify: | | | |
| Date Submitted | Employee's Signature | | | Serial No. | |
| Date Reviewed | Supervisor's Signature | | | Serial No. | |