



FAILURE TO RETURN LEASED PROPERTY REPORTING FORM

Case #: _____

| INSTRUCTIONS | | | |
|--|--|--|-----------------|
| 1. Please fill out this form as completely as possible. The requested information is needed for any future presentation of a case to the Greene County Prosecutor's Office. | | | |
| 2. Attach photocopies of all information listed below in the checklist and send in with your reporting form. Completed reports may be sent by mail or dropped off at the front desk of our Department. The address and telephone number are listed below. | | | |
| 3. Complete a separate reporting form for each individual offense. If there is more than one responsible party for a particular account, list the other party on the same reporting form. | | | |
| 4. Retain all of your business documents in a safe, secure place should they be needed at a later date for court proceedings. | | | |
| TELEPHONE NUMBERS: | | MAILING ADDRESS: | |
| (417) 864-1810 | | Springfield Police Department ATTENTION: RECORDS 321 E. Chestnut Expressway Springfield, MO 65802 | |
| CHECKLIST | | | |
| INCLUDE COPIES OF THE FOLLOWING | | | |
| <input type="checkbox"/> Application | <input type="checkbox"/> Registered/Certified Mail Receipt (upon mailing) | | |
| <input type="checkbox"/> Contract or Agreement | <input type="checkbox"/> Registered/Certified Return Receipt (indicating whether delivered or not) | | |
| <input type="checkbox"/> Payment History (showing last payment made on account) | <input type="checkbox"/> Suspect Identification or Driver's License | | |
| <input type="checkbox"/> 10-Day Letter | <input type="checkbox"/> Probable Cause Statement, SPD Form # 06-IN-0528 | | |
| VICTIM INFORMATION | | | |
| Name of Business: | | | |
| Address of Business: | | | Business Phone: |
| Person Reporting Incident: | | | Home Phone: |
| Title/Position: | Date of Birth: | Sex: | Race: |
| Did You Complete The Agreement With The Suspect? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, Who Did? | | Who Can Identify the Suspect? | |
| Date of Last Payment Received: | | Date Account Became Delinquent: | |
| Total Amount Originally Financed: | | Unpaid Balance on This Account: | |

| SUSPECT INFORMATION | | | | | | | |
|---|--------------|---------------|--------------------------|----------------|------------------------|----------------|--------|
| Name: (Last, First, Middle) | | | | | | Date of Birth: | |
| Last Known Address: | | | | City: | | State: | Zip: |
| Sex: | Race: | Height: | Weight: | Eye Color: | Hair Color: | Length: | Style: |
| Complexion: <input type="checkbox"/> Light <input type="checkbox"/> Medium <input type="checkbox"/> Dark <input type="checkbox"/> Other: | | | | | Scars, Marks, Tattoos: | | |
| Social Security Number: | | | Driver's License Number: | | | State: | |
| SECOND SUSPECT INFORMATION | | | | | | | |
| Name: (Last, First, Middle) | | | | | | Date of Birth: | |
| Last Known Address: | | | | City: | | State: | Zip: |
| Sex: | Race: | Height: | Weight: | Eye Color: | Hair Color: | Length: | Style: |
| Complexion: <input type="checkbox"/> Light <input type="checkbox"/> Medium <input type="checkbox"/> Dark <input type="checkbox"/> Other: | | | | | Scars, Marks, Tattoos: | | |
| Social Security Number: | | | Driver's License Number: | | | State: | |
| SUSPECT VEHICLE INFORMATION | | | | | | | |
| Make of Vehicle: | | | Style/Model: | | | Year: | |
| Color: | | | License Plate Number: | | | State: | |
| Additional Vehicle Information: | | | | | | | |
| PROPERTY INFORMATION | | | | | | | |
| Qty | Article Name | Serial Number | Brand/Make | Model Number | Misc. Description | Value | |
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| ADDITIONAL REPORTING INFORMATION | | | | | | | |
| | | | | | | | |
| FOR POLICE USE ONLY | | | | | | | |
| Report Received By: | | | | DSN: | | Copy To Mules: | |
| Date Received: | | | | Time Received: | | | |



PROBABLE CAUSE STATEMENT FOR STEALING LEASED OR RENTED PROPERTY

Date: _____

I, _____, (person who rented the personal property),
knowing that false statements made herein are punishable by law, state as follows:

1. I have probable cause to believe that _____, (lessee),
_____ (DOB), _____ (SSN), committed a criminal offense of stealing leased
or rented property.

2. The facts supporting this belief are as follows:

In Greene County, Missouri, on _____ / _____ / _____, above said lessee signed a written
agreement, incorporated by reference as *Attachment 1, to lease or rent (select one)
_____ (identify items leased or rented) with a total
value of \$ _____, which was due back at _____ (name of
business _____ (address) _____ (city), no later
than _____ (month), _____ (day), _____ (year).

_____ (business/owner who rented property) mailed a written
demand, incorporated by reference as **Attachment 2, for return of the personal property, with said demand
being addressed and mailed by certified or registered mail (select one) to
_____ (lessee) at the address given at the time of making the lease
or rental agreement. The notice contained a statement that the failure to return the property may subject the
lessee to criminal prosecution. Said lessee has failed to return the property.

Select One if Applicable:

The lessee: Concealed Sold Pawned Loaned Abandoned Encumbers
 Conveyed to another or Gave Away the property. The defendant aided or abetted the concealment
of the property. Explain how you know this: _____

The above statements are true to the best of my information and belief.

Signature

Printed Name

Address

City

State

Zip

*Attachment 1 – Lease Agreement

**Attachment 2 – Demand Letter