



LOS ANGELES AIRPORT POLICE

PILFERAGE INFORMATION FORM

FAX FORM ASAP TO CRIME ANALYSIS
FAX# (310) 337-5151



Airline Faxing Form: _____
 Agent Name: _____
 Phone #: _____

VICTIM INFORMATION

NAME: _____
 CITY: _____
 COUNTRY: _____
 PHONE # _____

GROUND SERVICE COMPANY(S):

DAY/TIME OF PILFERAGE :

CIRCLE
 SUN MON TUE WED
 THUR FRI SAT
 0600 - 1200 1201 - 1800
 1801 - 0000 0001 - 0600
 OTHER: _____

FLIGHT INFORMATION

CITY/ COUNTRY:
 AIRLINE:
 TERMINAL:
 FLIGHT#:
 DATE:
 TIME:

DEPARTURE	ARRIVAL	INTER-LINE

ITEM(S) MISSING

ITEM(S) / TYPE	BRAND	SERIAL #	DESCRIPTION	VALUE(\$)

LIST ANY PROPERTY ADDED/ATTACHED TO LUGGAGE:

STICKERS: _____ MARKINGS: _____ PROPERTY
 BAG TAGS: _____ ADDED: _____

Comments / Information linking crime to LAX: _____
