



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

GROUND SERVICE COMPANY(S) / Employee Names: _____ **DAY/TIME OF PILFERAGE :**

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

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: _____

*This Form Is Not To Replace an Official Crime Report
 For Informational Purposes Only - In Order To Assist In Identifying Trends*

CONFIDENTIAL - FOR OFFICIAL LAW ENFORCEMENT USE ONLY