



**WHITE SETTLEMENT POLICE DEPARTMENT  
DELAYED RETAIL THEFT REPORT**

8900 Clifford Street • White Settlement, TX 76108

(817) 246-7070 • Fax (817) 367-3276

Investigator@wspd.us

**RETAIL THEFT DELAYED REPORTING PROCEDURE**

**INSTRUCTIONS FOR STORE EMPLOYEES**

**Before reporting a Retail Theft, please follow below for proper reporting procedures:**

**Contact the WSPD (911 for emergencies) IMMEDIATELY if:**

- Retail Theft is occurring now or has just occurred, or;
- The suspect is currently being detained, or;
- The suspect physically resisted or was armed with a weapon, or any employee or bystander was injured, or;
- Retail theft was discovered at a later date (video review) AND the amount is determined to be over \$2,500.00.

**Complete a Delayed Retail Theft Report packet if any of the below situations apply:**

- The suspect is **NOT** being detained, or;
- If there is any reporting delay as a result of store policy or procedures, or;
- Retail Theft was discovered at a later date (video review) AND the amount is under \$2,500.00.

**The Delayed Retail Theft Report packet must contain ALL of the information below:**

*(Incomplete packets will not be accepted or processed)*

- Full and complete report with a written statement (on your form or ours), detailing a full description of the incident, sworn to and signed by the reporting party.
- Name, date of birth, address, phone number and position of the reporting party.
- List of all witnesses including:
  - Name, Date of birth, Address, Phone number
  - Description of their observations
- Full list of exact property stolen or damaged (on your form or ours) including full description of the item, price (printed on a receipt), and the stock number, SKU or UPC. In cases where a serial number is available, include the serial number.
- Complete description of the suspect(s) and suspect vehicle(s) including their name (if available) and license plate (if available).
- Copies of any relevant surveillance video including:
  - Still images of any suspect or suspect vehicle
  - Description (in the incident report) of the activity observed on the video and the specific location of the activity (time stamp) on the video
- A description and full information regarding any related incidents at this store or other stores involving the same suspect(s) if applicable.

When the report is completed, please email the complete packet to [Investigator@wspd.us](mailto:Investigator@wspd.us) or fax to (817)367-3276 with attention to CID and a White Settlement Police Department detective will review the completed packet and pursue the appropriate course of action. All video surveillance footage must be received within 10 days of submitting this report.



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**RETAIL THEFT INCIDENT**

*(To be completed by employee)*

Reporting Date: \_\_\_\_\_ Date & Time of Incident \_\_\_\_\_

Reporting Employee: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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**Suspect #1**

Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair: \_\_\_\_\_ Eyes: \_\_\_\_\_

Description (Clothing description – jacket, shirt, hat, shoes, glasses, facial hair, etc.):

\_\_\_\_\_  
\_\_\_\_\_

**Suspect #2**

Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair: \_\_\_\_\_ Eyes: \_\_\_\_\_

Description (Clothing description – jacket, shirt, hat, shoes, glasses, facial hair, etc.):

\_\_\_\_\_  
\_\_\_\_\_

**Suspect #3**

Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair: \_\_\_\_\_ Eyes: \_\_\_\_\_

Description (Clothing description – jacket, shirt, hat, shoes, glasses, facial hair, etc.):

\_\_\_\_\_  
\_\_\_\_\_

*(If additional suspects, list their information in incident description)*



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**SUSPECT VEHICLE DESCRIPTION**

License Plate: \_\_\_\_\_ State: \_\_\_\_\_ Year: \_\_\_\_\_ Make: \_\_\_\_\_

Model: \_\_\_\_\_ Color: \_\_\_\_\_ Body/Style: \_\_\_\_\_

Other Identifiers: \_\_\_\_\_

Direction of Travel: \_\_\_\_\_

**WITNESS INFORMATION**

**Witness #1:** \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Witness #2:** \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Witness #3:** \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

*(If additional witnesses, list their information in incident description)*



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**INCIDENT DETAILS**

When did this theft take place? Date: \_\_\_\_\_ / Time: \_\_\_\_\_

When was this theft first noticed? Date: \_\_\_\_\_ / Time: \_\_\_\_\_

Who first noticed this theft (Name / Phone)? \_\_\_\_\_

How was this theft observed? On-View  Camera Review  Other: \_\_\_\_\_

Was the suspect(s) within view the entire time from entering and exiting the store? Yes  No

Did the suspect(s) pass all points of sale? Yes  No

Did the suspect(s) have consent to steal property? Yes  No

Have these suspects been involved in any other thefts that you are aware of? Yes  No

Was there property damage? Yes  No  Total Amount: \$ \_\_\_\_\_

Was there property loss? Yes  No  Total Amount: \$ \_\_\_\_\_

Did the suspect(s) leave behind any personal belongings (shoes, clothing, etc)? Yes  No

If "yes", what items were left behind? \_\_\_\_\_

Who collected these items that were left behind? \_\_\_\_\_

Is there security video footage of the suspects, theft, or suspect vehicle? Yes  No

**Save any security video, still shots, and receipt for merchandise and include with this report. If not included at the time this report is submitted, these items must be made available to be received within ten (10) days of submitting this report.**



