



# Shop Theft Release Report

This form must be filled out in full and faxed/mailed to the Peel Regional Police at the time of the occurrence.

Your Case Number	Police Case Number
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Store Name:		
Offence Type: Theft Under \$5,000      Fraud Under \$5,000      Possession Stolen Property		
Offence Date (YYYY-MM-DD):	Arrest Time (HH:MM am/pm):	Release Time:

Officer Contacted (Rank, Surname):	Badge #:	Date (YYYY-MM-DD):	Time (HH:MM am/pm):
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## VICTIM INFORMATION

Victim Company Name:		Phone #:	
Address - Street:	City:	Province:	Postal Code:
Total Value of Loss:			
Secondary Victim Name (Operated as):		Phone #:	
Address (If different than Victim) - Street:	City:	Province:	Postal Code:

## COMPLAINANT INFORMATION

Surname:	Given 1:	Date of Birth (YYYY-MM-DD): or Age:	Phone #:
Address - Street:	City:	Province:	Postal Code:
Company Name:		Phone #:	
Business Address (If Different than Victim) - Street:	City:	Province:	Postal Code:
Vacation Dates:			

## WITNESS/PARTNER INFORMATION

Surname:	Given 1:	Date of Birth (YYYY-MM-DD): or Age:	Phone #:
Address - Street:	City:	Province:	Postal Code:
Company Name:		Phone #:	
Business Address (If Different than Victim) - Street:	City:	Province:	Postal Code:
Vacation Dates:			

**CULPRIT INFORMATION -**

Surname:		Given 1:		Given 2:	
Date of Birth (YYYY-MM-DD): or Age:	Racial Origin:		Gender:		Phone #:
Address – Street:		City:		Province:	Postal Code:
Business <b>OR</b> School Name:		Occupation or School Grade:		Business Phone #:	
Address – Street:		City:		Province:	Postal Code:
Height (Specify if in ft and inches or cm):	Weight (Specify if lbs or kg):	Hair Colour:			
Hair Length:	Hair Style:		Eye Colour:		
Build:	Complexion:		Beard: Yes      No		Moustache: Yes      No
Facial Hair Colour:	Glasses: Yes      No	Accent: Yes      No		Teeth:	Right/Left Handed:
Birth Place:	Citizenship:		Port of Entry:		Date of Entry (YYYY-MM-DD):
Drivers Licence #:		Scars/Tattoos Location:			
Description of Scars/Tattoos:				Money on Hand:	
Next of Kin Surname:		Given 1:		DOB (YYYY-MM-DD): or Age:	Phone #:
Address - Street:		City:		Province:	Postal Code:
Relationship:		Notified: Yes      No      If Yes, Time:			
Identity Confirmed With: Drivers Licence      S.I.N. Card      Age of Majority Card      Photo I.D.      Other, specify:					



## SYNOPSIS/FACTS IN ISSUE

I, \_\_\_\_\_, am employed by

at

I have been employed as a store investigator since

On \_\_\_\_\_, the \_\_\_\_\_ of \_\_\_\_\_, \_\_\_\_\_, at approximately \_\_\_\_\_, I observed the  
culprit, \_\_\_\_\_,  
in the \_\_\_\_\_ department

Signature of Investigator: \_\_\_\_\_

Documents Served on Culprit:    Notice of Apprehension    Trespass Notice (    Follow-up Synopsis Attached)

Your Case Number:

## FOLLOW UP SYNOPSIS

Signature of Investigator: \_\_\_\_\_

# NOTICE OF APPREHENSION- ADULT

## PARTICULARS OF OFFENCE

To

Take notice that on \_\_\_\_\_, you were apprehended at

by store security.

## RESTATEMENT OF CHARTER RIGHTS

**Section 10(A):** You have been detained for  
Theft Under \$5,000 (Shoplifting)  
Fraud Under \$5,000 (Price Tag Switching)  
Possession of Stolen Property Under \$5,000 (Check reason for arrest/detention and  
provide reasonable information concerning date, place, etc.)

A Criminal Summons **may** be obtained by the Peel Regional Police on that charge.  
*The Summons will be served at a later date and is separate and apart from any civil proceedings the victim  
store may commence against you.*

**Section 10(B):** It is my duty to inform you that you have the right to retain and instruct Counsel without delay.  
You will be released shortly. However, you may consult with any lawyer you wish. You should provide this  
information to your lawyer. A legal Aid Duty Counsel Lawyer is available to provide advice to you without  
charge and can explain the Legal Aid Plan to you. If you wish to contact a Legal Aid Lawyer, you may do so by  
calling 1-800-265-0451. Do you understand? You may call a lawyer now if you wish.

Read to apprehended person

**Official Warning:** You are not obliged to say anything unless you wish to do so but whatever you say may be  
given in evidence in court.

Read to apprehended person

Do you understand your rights?                      Yes      No

Do you want a police officer to attend?            Yes      No

Date (YYYY-MM-DD):                                      Time (HH:MM am/pm):

Signature of Apprehended Person: \_\_\_\_\_

**Copies:** Retain Original; Copy to Apprehended Person; Copy Faxed or Emailed with Report