



- Use this form to report mischief (vandalism) and/or theft occurrences on oilfield properties only;
- This form must be completed for all such occurrences on oilfield properties that are being reported;
- If a vehicle has been stolen from a property, you must contact the Detachment to arrange to complete a Stolen Vehicle Report in addition to this report concerning any other mischief or theft that occurred during the matter;
- If the offence occurred within the last 24 hours, contact the Detachment for immediate police attention in addition to completing this form.**

THIS FORM IS ONLY FOR REPORTING OCCURRENCES WITHIN THE SPIRIT RIVER DETACHMENT AREA. THIS AREA GENERALLY ENCOMPASSES EAST-TO-WEST FROM RRD 10 TO THE BC BORDER AND NORTH-TO-SOUTH FROM PEACE RIVER VALLEY TO TWP RD 752 IN SADDLE HILLS AND BIRCH HILLS COUNTY.

- When completed, email to Spirit River Detachment at deborah.cardwell@rcmp-grc.gc.ca.** The assigned Investigator will contact you with the associated file number as soon as practicable. You may also call the Detachment at 780-864-3525 to obtain the file number if it is required sooner.

YOUR INFORMATION	Full Name	FOR RCMP USE ONLY
	Date of Birth <i>(yyyy-mm-dd)</i>	
	Home Address	
	Phone #	
	Alternate Phone #	
	Email Address	
	Company Name	
	Company Address	
Company Fax #	File Number	
	<input type="text"/>	
	Lead Investigator	
	<input type="text"/>	
	Date/Time Received	
	<input type="text"/>	
	Date/Time File # Sent to Co.	
	<input type="text"/>	
SITE INFORMATION	Site Address	UCR Scoring Codes 8999.1054 – Oil Theft 8999.1055 – Oil Field Equipment Theft 8999.1056 – Mischief to Oilfield Property 8999.3073 – Critical Infrastructure Site
	Site Function (ex. gas plant)	
	Site Previously Targeted? Yes No If Yes, approximate date last targeted?	
	Surveillance available? Yes No	
	What type of vehicle can access the site? (select all that apply) Car/Van Truck ATV	
PROVIDE BELOW INFORMATION ONLY IF YOUR COMPANY IS A CONTRACTOR FOR THE SITE OWNER		
Owner Name	Contact Phone #	

OFFENCE INFORMATION	Offence Type (select all that apply)	Break/Enter	Theft	Mischief
	Offence Date/Time (on or between)	and/or		
	Total Estimated Value of Loss			
	Suspect Name(s) (if known)			
	Briefly describe what happened to the best of your knowledge. Include any observations as to how the suspect committed the offence.			

Your Signature: _____