

San Antonio Police Department

San Antonio Police Department Property Crime Units

Substation	Address	Phone Number	More Information Including Maps
Central	515 South Frio	210 207-7990	http://www.sanantonio.gov/sapd/CentralSubstation.aspx
East	3635 E Houston St	210 207-8854	http://www.sanantonio.gov/sapd/EastSubstation.aspx
North	13030 Jones Maltsberger Rd	210 207-7601	http://www.sanantonio.gov/sapd/NorthSubstation.aspx
Prue NW	5020 Prue Rd	210 207-8326	http://www.sanantonio.gov/sapd/PrueSubstation.aspx
South	711 W. Mayfield	210 207-7184	http://www.sanantonio.gov/sapd/SouthSubstation.aspx
West	7000 Culebra	210 207-8299	http://www.sanantonio.gov/sapd/WestSubstation.aspx

PROPERTY CRIMES Criminal Complaint Packet

Before the filing of Formal Criminal Charges, complete and accurate information is necessary. The attached Criminal Complaint and Witness Statement Forms are to provide an accurate assessment of this case. The information contained therein is the minimum required for an indictment by the Bexar County Grand Jury. More information may be required. **NOTE: The Complainant or Witness Information Form must be attached for each witness that can offer relevant testimony in this matter.** For more copies, photocopy any of the attached documents as required.

IMPORTANT: Attach photocopies all related contracts, invoices, reports, documents or any other paperwork that may have a bearing on this matter. Include copies of any video evidence with your packet.

Take your time in completing the Criminal Complaint Form(s) in a chronological manner, as accuracy, completeness and legibility are far more important than speed. **PLEASE TYPE.**

As you can see, Criminal Prosecution is a serious and time-consuming matter, demanding your full cooperation and patience. Once you have completed the attached forms, please send them to the Property Crimes Unit of the San Antonio Police Department (address listed above). Upon arrival of the complaint package it will be reviewed.

PROPERTY CRIMES UNIT
San Antonio Police Department

Criminal Complaint Forms

SAN ANTONIO POLICE DEPARTMENT PROPERTY CRIMES UNIT

This complaint package is provided to initiate an investigation into violations of the Laws of the State of Texas. We recommend that you consult with your own attorney to determine your legal rights and civil remedies in this matter prior to filing this complaint.

INSTRUCTIONS

- 1) **Criminal Mischief cases require a positive identification of the suspect and written third party damage estimates.**
- 2) The attached forms must be as complete and accurate as possible so that your case may be properly evaluated for criminal prosecution. Attachments become part of your report and must be signed where required. If your statement is authenticated by a Notary, you must sign the document at the time it is notarized.
- 3) Any sections that are not applicable to your case must be noted with N/A.
- 4) If more room is required to answer questions, please complete on additional paper. Attach the additional pages to this form and indicate that there are such pages in the appropriate blocks in the packet.
- 5) Any additional witnesses that can offer relevant testimony must complete the attached Witness forms and these forms must be attached to this Complaint prior to returning this packet.
- 6) You may return the packet to the your coverage Substation during normal working hours (Monday through Friday 7:45a.m.-5:00p.m.) Upon return of the packet a Property Crimes Detective will review for completeness and be available for consultation. For your convenience, this packet may be mailed to addresses listed on previous page.
- 7) These forms may be examined by the Bexar County Grand Jury and the Bexar County District Attorney's Office. They should be neat, understandable, accurate in detail, and in a chronological order of events. Be sure to include all dates, times, places, evidence, and individuals involved. (Who, What, When, Where, and How).

San Antonio Police Department

NON-CONSENT AFFIDAVIT FORM

THE STATE OF TEXAS
COUNTY OF BEXAR

BEFORE ME, THE undersigned authority on this day personally appeared _____, and did state that on the _____ day of _____, _____ declarant had legal care, custody, and control of and/or did own or occupy: *(Property Description)*

() BURGLARY

Above premises were entered/attempted to be entered by person (s) without my effective consent. Corporeal personal property in the premises in my possession and belonging to me, was wrongfully taken/attempted to be taken without my consent and/or a Felony or Assault was committed. **I desire to prosecute the person (s) responsible for the entry/attempted entry, and for any theft, attempted theft, felony, and/or any assault that may have occurred.**

() BURGLARY OF A VEHICLE

The above listed vehicle was unlawfully entered without my permission or consent. **I wish to prosecute the party/parties involved for the offense of Burglary of a Vehicle.**

() BURGLARY OF A COIN OPERATED MACHINE

Above coin operated/coin collection machine was unlawfully entered/broken into without the effective consent of the owner for the purpose of obtaining property or services. **I wish to prosecute the party or parties responsible for this offense.**

() THEFT

Corporeal real property was wrongfully taken without the consent of the declarant. **I desire to prosecute the party or parties responsible for the unlawful taking of the above-mentioned property.**

() THEFT OF SERVICE

Above listed service/s were unlawfully appropriated/secured in violation of sec. 31.04 of the Texas Penal Code. **I desire to prosecute the party or parties responsible for this offense.**

() CRIMINAL MISCHIEF

The aforementioned tangible property was wrongfully damaged/destroyed without my consent. The amount of pecuniary loss was _____. **I desire to prosecute the party or parties responsible for the unlawful damage and/or destruction of the above-mentioned tangible property.**

() CRIMINAL TRESPASS

The above premises were entered by person (s) without my effective consent. **I desire to prosecute the party or parties responsible for the unlawful entry onto my property after being lawfully advised not to come onto this property.**

Detective / Property Crimes Unit
San Antonio Police Department

Signature of Affiant

Title (Owner, Mgr., Etc.)

SAPD Case Number: _____
Location: _____
Date: _____
SAPD Form 117 FANC (1-93)

Complainant / Witness Information Form

1. _____
Full Name of the Complaining Person Title

Company Name and Full Address (including ZIP Code)

Home Address (including ZIP Code)

Business Phone Number Fax Phone Home Phone Email Address

Sex Race Date of Birth Drivers License No. Social Security No.

2. _____
Full Name of the Witness Title

Company Name and Full Address (including ZIP Code)

Home Address (including ZIP Code)

Business Phone Number Fax Phone Home Phone Email Address

Sex Race Date of Birth Drivers License No. Social Security No.

3. _____
Full Name of the Witness Title

Company Name and Full Address (including ZIP Code)

Home Address (including ZIP Code)

Business Phone Number Fax Phone Home Phone Email Address

Sex Race Date of Birth Drivers License No. Social Security No.

() Check here if there are additional witnesses.

IF THERE IS MORE THAN 3 WITNESSES PHOTOCOPY THIS PAGE AND INCLUDE THE ADDITIONAL PAGE IMMEDIATELY AFTER THIS PAGE IN THE PACKET.

Suspect(s) Information Form

1.

Full Name of Suspect

Job Title if Applicable

Suspects Alias Names

Suspects Full Address (including ZIP Code)

Suspects Phone Number

Other Phone Numbers (relatives, associates, other work, etc.)

Sex

Race

Date of Birth

Height

Weight

Other Physical Identifiers

Drivers License No.

State

Social Security No.

Other

2.

Full Name of Suspect

Job Title if Applicable

Suspects Alias Names

Suspects Full Address (including ZIP Code)

Suspects Phone Number

Other Phone Numbers (relatives, associates, other work, etc.)

Sex

Race

Date of Birth

Height

Weight

Other Physical Identifiers

Drivers License No.

State

Social Security No.

Other

3.

Full Name of Suspect

Job Title if Applicable

Suspects Alias Names

Suspects Full Address (including ZIP Code)

Suspects Phone Number

Other Phone Numbers (relatives, associates, other work, etc.)

Sex

Race

Date of Birth

Height

Weight

Other Physical Identifiers

Drivers License No.

State

Social Security No.

Other

Offense/Case Information Form

1. Date(s) and time(s) of offense:

2. Describe offense including location(s):

3. Property involved and value (list if stolen or value change):

4. When and under what circumstances did you meet the Defendant?: _____

5. Have you complained to the person or firm?:
 Yes Include any correspondence with return receipt attached.
 No Explain:

To whom did you complain:
What was their reply:

6. Have you contacted other agencies regarding this complaint. Yes No
If Yes, list the names of the agencies, the person contacted, their phone numbers, and their reply:

Statement of Facts

(Describe the exact nature of the complaint in the order in which they occurred. Be as complete as possible answering who, what, when, where, how, and why. Explain all documentation submitted and introduce all the witnesses and their involvement. To do this, refer to the previously filled out complaint packet, including and explaining all the information you have listed. **Do not use "see the above" as a statement.** Some duplication maybe required. If additional room is required use copies of the next page.)

Signature:

Date:

Statement of Facts
(continuation)

I certify that the above given statement is true and correct to the best of my knowledge and that I will appear in court and testify if necessary.

SIGNATURE

Subscribed and sworn to before me this _____ day of _____, A.D., 20____.

My Commission Expires _____.

Witness Statement

(Describe your exact involvement with this case in the order in which they occurred. Put only what you can personally testify to. Be as complete as possible answering who, what, when, where, how, and why. Refer to documentation submitted to explain your involvement and identify the specific documentation, evidence, or people that you are talking about. **Do not use "see the above" as a statement.** If additional room is required use copies of this page.)

My name is _____ and I was born on _____.

I certify that the above given statement is true and correct to the best of my knowledge and that I will appear in court and testify if necessary.

SIGNATURE

Subscribed and sworn to before me this _____ day of _____, A.D., 20____.

My Commission Expires _____.

Notary Public in and for the State of Texas

STATEMENT INFORMATION SUPPLEMENT

16NOTE: This information is strictly confidential and only for police and District Attorney's office files/records

Case Number: _____

Under the Texas Penal Code, a person commits **Aggravated Perjury, a Third Degree Felony**, and if, with intent to deceive and with knowledge of the statements meaning: (1) he makes a false statement under oath, or swears to the truth of a false statement previously made. (2) If the statement is required or authorized by law to be made under oath, and the statement is made during, or in connection with an official proceeding, and is material.

Name Nombre: _____	
Home Address Direccion de Residencia: _____	
Business Address Direccion de Empleo: _____	
Email Address El Correo Electronico: _____	Job Title Titulo de Empleo: _____
Place of Employment Lugar de Empleo: _____	Business Phone Number Telefono de Empleo: _____
Home/Cell Phone Number Telefono de Residencia: _____	Date of Birth Fecha de Nacimiento: _____
Race Raza _____	Sex Sexo _____
Age Edad _____	Driver's License Numero de Licencia: _____
Social Security Number Numero de Seguro Social: _____	
Married Yes <input type="checkbox"/> No <input type="checkbox"/>	Name of Spouse
Casado: Si <input type="checkbox"/> No <input type="checkbox"/>	Nombre de Esposo O Esposa: _____
Nearest Relative other than Spouse: Pariente Mas Cercano (Exclusivo de Esposo O Esposa):	
Name Nombre _____	
Home Address Direccion de Residencia _____	
Home/ Cell Phone Number Telefono de Residencia: _____	Business Phone Number Telefono de Empleo: _____
Place of Employment Lugar de Empleo: _____	

Comments (Any remarks observations which are pertinent to the case):