

REPORT OF CRIME ON STATE PROPERTY

STD. 99 (REV. 1-2000)

DISTRIBUTION OF COMPLETED STD. 99

Original: California Highway Patrol
Field Services Section
P. O. Box 942898
Sacramento, CA 94298-0001

Copy: State Agency Office Completing Report

Copy: State Agency Headquarters

ORIGINAL REPORT

SUPPLEMENTAL REPORT

The California Government Code Section 14613.7 requires state agencies to complete a STD. 99, Report of Crime on State Property, to report to the California Highway Patrol (CHP) a crime that has occurred on state-owned or state-leased property which was reported to the local law enforcement agency and/or the CHP did not respond and take a report.

PLEASE TYPE OR PRINT ALL INFORMATION

1A. CRIME DATE (Mo/Day/Yr)	1B. (If unknown, discovery date)	2. CRIME CLASSIFICATION (ie., Assault, Theft, Vandalism, etc.)	FOR CHP USE ONLY
3. AGENCY/DEPARTMENT REPORTING CRIME		4. DIVISION/UNIT	5. AGENCY/DEPARTMENT NUMBER
6. LOCATION WHERE CRIME OCCURRED (City, County, Zip Code)		7. TWO-DIGIT COUNTY CODE	

8. VICTIM (Check all applicable boxes)
 STATE (Building or property)
 EMPLOYEE
 VISITOR
 OTHER (Please describe) _____

9. WAS A REPORT FILED WITH LOCAL LAW ENFORCEMENT?
 YES NO IF YES, NAME OF AGENCY _____

CASE NUMBER _____

10. DESCRIBE THE DETAILS OF THE CRIME (Who, What, Where, Why, and How)

11. DESCRIBE PREMISES WHERE CRIME OCCURRED (Check all applicable boxes)

<input type="checkbox"/> STATE-OWNED	<input type="checkbox"/> OFFICE/BUILDING	<input type="checkbox"/> WAREHOUSE/STORAGE FACILITY	<input type="checkbox"/> MECHANICAL/UTILITY SHOP
<input type="checkbox"/> STATE-LEASED	<input type="checkbox"/> PARKING LOT	<input type="checkbox"/> MAINTENANCE YARD/OPEN LAND	<input type="checkbox"/> OTHER _____

**COMPLETE THE FOLLOWING SECTION IF ANY PROPERTY WAS LOST, STOLEN, OR DAMAGED.
PLEASE SEE SAM SECTION 8643 FOR COMPLETING THE STD. 152, PROPERTY SURVEY REPORT.**

12. DESCRIBE ALL PROPERTY	SERIAL NUMBER (If available)	STATE-OWNED/LEASED OR PRIVATELY OWNED		PROPERTY DAMAGE	PROPERTY LOSS
				(Estimate damage value) OR	(Estimate loss value)

(PLEASE USE ADDITIONAL SHEET IF MORE SPACE IS NEEDED TO LIST PROPERTY)

SIGNATURE OF EMPLOYEE COMPLETING REPORT 	PRINTED NAME OF EMPLOYEE COMPLETING REPORT	DATE SIGNED
BUSINESS ADDRESS (Number, Street, City, Zip Code)		PHONE NUMBER ()

**QUESTIONS REGARDING THE STD. 99 SHOULD BE REFERRED TO THE CHP FIELD SERVICES SECTION AT
(916) 323-1483**