

AGENCY:	<b>Theft Inventory List</b>	PAGE __ OF __	<b>Incident #</b>
REPORT TITLE:		DATE:	
Instructions: To provide a more accurate recording of stolen property you are asked to complete the following inventory list. Describe each item stolen completely and accurately using the spaces provided below. <b>Quantity:</b> Amount taken, <b>Item:</b> Indicates general descriptions. If firearm, also include type of action such as bolt action or semi-automatic, <b>Serial Number:</b> Manufacturers number, <b>Owner Applied Numbers:</b> Includes driver license number or initials, <b>Brand Name:</b> <b>Model Number:</b> <b>Color:</b> If firearm, list caliber and barrel length, <b>Value:</b> Fair Market <b>NOT</b> sentimental value. "Add any other identifying characteristics on the lines provided for that purpose". Please sign and date the form and mail to the address listed below.			

\_\_\_\_\_  
Signature and I.D. # of Reporting Officer

\_\_\_\_\_  
Signature of Victim

Name (Last name first)

Address (including apartment number)

City, state + zip

**Mail Within 48 Hours To:**  
 South Sound 911  
 Records Division  
 3580 Pacific Avenue  
 Tacoma, WA 98418

\_\_\_\_\_  
HOME ADDRESS IF DIFFERENT THAN ABOVE

\_\_\_\_\_  
HOME/CELLULAR PHONE

**PLEASE PRINT THE LIST OF STOLEN PROPERTY IN BLACK INK:**

QUANTITY AND ITEM	SERIAL/OWNER APPLIED NUMBER	BRAND	MODEL/CALIBER
COLOR/DESCRIPTION (If weapon, indicate barrel length, action type, finish)		MISC. (Other identifying marks)	VALUE \$
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