

INCIDENT NO.	THEFT INVENTORY LIST	AGENCY			PAGE _____ OF _____
		[] TPD	[] PCSO	[] OTHER _____	

REPORT TITLE	VICTIM	NAME: LAST	FIRST	MIDDLE
		ADDRESS: STREET	CITY	STATE ZIP PHONE

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:
QUANTITY: Amount taken, **TYPE OF ARTICLE:** Indicates general descriptions. If firearm, also include type of action such as bolt action or semi-automatic, **SERIAL NUMBER:** Manufacturers number, **OWNER APPLIED NUMBERS:** Includes drivers license number or initials, **BRAND NAME:** MODEL NUMBER: COLOR: If firearm, list caliber and barrel length, **VALUE:** Fair Market NOT sentimental value. "Add any other identifying characteristics on the lines provided for that purpose". **PLEASE COMPLETE LIST WITHIN 48 HOURS AND MAIL TO "LAW ENFORCEMENT SUPPORT AGENCY", RECORDS DIVISION, 945 TACOMA AVENUE SOUTH, TACOMA, WASHINGTON 98402.**

Signature & I.D. No. of Reporting Officer(s) _____ DATE _____ TIME _____ SIGNATURE _____

#	QTY.	TYPE OF ARTICLE (firearm action type)	SERIAL NUMBER	OWNER APPLIED NO.	BRAND NAME	MODEL NO.	COLOR (Caliber & B.L.)	\$ VALUE	DATA CENTER USE
									[] CLEAR [] WACIC [] NCIC
ADDITIONAL DESCRIPTORS									
									[] CLEAR [] WACIC [] NCIC
ADDITIONAL DESCRIPTORS									
									[] CLEAR [] WACIC [] NCIC
ADDITIONAL DESCRIPTORS									
									[] CLEAR [] WACIC [] NCIC
ADDITIONAL DESCRIPTORS									
									[] CLEAR [] WACIC [] NCIC
ADDITIONAL DESCRIPTORS									
									[] CLEAR [] WACIC [] NCIC
ADDITIONAL DESCRIPTORS									
									[] CLEAR [] WACIC [] NCIC
ADDITIONAL DESCRIPTORS									

REVIEWED BY _____
 By _____
 MICROFILMED DATE _____
 COPY TO _____
 By _____
 DISTRIBUTION DATE _____
 INDEXED Date _____

#	QTY.	TYPE OF ARTICLE (firearm action type)	SERIAL NUMBER	OWNER APPLIED NO.	BRAND NAME	MODEL NO.	COLOR (Caliber & B.L.)	\$ VALUE	DATA CENTER USE
									<input type="checkbox"/> CLEAR <input type="checkbox"/> WACIC <input type="checkbox"/> NCIC
ADDITIONAL DESCRIPTORS									
									<input type="checkbox"/> CLEAR <input type="checkbox"/> WACIC <input type="checkbox"/> NCIC
ADDITIONAL DESCRIPTORS									
									<input type="checkbox"/> CLEAR <input type="checkbox"/> WACIC <input type="checkbox"/> NCIC
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