REPORTING DEPUTY

Marion County Sheriff's Office MARION COUNTY COURTHOUSE

PROPERTY LOSS REPORT

503.588.5094

EMAIL FORM

DELIVER FORM 100 HIGH ST NE **MAIL FORM**

CASE NUMBER REQUIRED

smsrecords@co.marion.or.us PO BOX 14500 **SALEM, OR 97301 SALEM, OR 97309** VICTIM NAME **ADDRESS** HOME TELEPHONE REPORTING PERSON (IF OTHER THAN VICTIM) CITY ZIP ALTERNATE TELEPHONE QUANTITY ITEM SERIAL NUMBER **BRAND** MODEL / SIZE / COLOR OWNER APPLIED NUMBER VALUE LOCATION WHEN STOLEN CHECK ALL THAT APPLY ☐ STOLEN ☐ LOST ☐ DAMAGED ☐ RECOVERED QUANTITY ITEM SERIAL NUMBER BRAND MODEL / SIZE / COLOR OWNER APPLIED NUMBER CHECK ALL THAT APPLY VALUE LOCATION WHEN STOLEN ☐ STOLEN ☐ LOST ☐ DAMAGED ☐ RECOVERED QUANTITY ITEM SERIAL NUMBER BRAND MODEL / SIZE / COLOR OWNER APPLIED NUMBER LOCATION WHEN STOLEN CHECK ALL THAT APPLY VALUE ☐ STOLEN ☐ LOST ☐ DAMAGED ☐ RECOVERED QUANTITY ITEM MODEL / SIZE / COLOR SERIAL NUMBER 4 OWNER APPLIED NUMBER VALUE LOCATION WHEN STOLEN **CHECK ALL THAT APPLY** ☐ STOLEN ☐ LOST ☐ DAMAGED ☐ RECOVERED QUANTITY ITEM SERIAL NUMBER BRAND MODEL / SIZE / COLOR OWNER APPLIED NUMBER VALUE LOCATION WHEN STOLEN CHECK ALL THAT APPLY ☐ STOLEN ☐ LOST ☐ DAMAGED ☐ RECOVERED MODEL / SIZE / COLOR QUANTITY ITEM **SERIAL NUMBER BRAND** OWNER APPLIED NUMBER LOCATION WHEN STOLEN **CHECK ALL THAT APPLY** VALUE ☐ STOLEN ☐ LOST ☐ DAMAGED ☐ RECOVERED QUANTITY ITEM **SERIAL NUMBER** BRAND OWNER APPLIED NUMBER CHECK ALL THAT APPLY LOCATION WHEN STOLEN VALUE ☐ STOLEN ☐ LOST ☐ DAMAGED ☐ RECOVERED QUANTITY ITEM SERIAL NUMBER BRAND MODEL / SIZE / COLOR OWNER APPLIED NUMBER **LOCATION WHEN STOLEN CHECK ALL THAT APPLY** VALUE ☐ STOLEN ☐ LOST ☐ DAMAGED ☐ RECOVERED QUANTITY ITEM SERIAL NUMBER BRAND MODEL / SIZE / COLOR OWNER APPLIED NUMBER VALUE **LOCATION WHEN STOLEN CHECK ALL THAT APPLY** ☐ STOLEN ☐ LOST ☐ DAMAGED ☐ RECOVERED QUANTITY ITEM SERIAL NUMBER BRAND MODEL / SIZE / COLOR **OWNER APPLIED NUMBER** VALUE LOCATION WHEN STOLEN **CHECK ALL THAT APPLY** ☐ STOLEN ☐ LOST ☐ DAMAGED ☐ RECOVERED SEE ADDITIONAL PAGES

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