## ADDITIONAL LOSS REPORT

| Reporting Officer/I.D. #: WASHINGTON COUNTY SHERIFF'S OFFICE Case Report # |                                       |           |                   |  |  |                               |               |                                       |  |
|--|---------------------------------------|-----------|-------------------|--|--|-------------------------------|---------------|---------------------------------------|--|
| NAME   | OF COM                                | PLAINAN   | IT/ VICTIM (LAST, | FIRST, MIDOLE)   | RESIDENCE PHO  | DNE                           | BUSINESS      | PHONE                                 |  |
| LOCAT  | ION ADD                               | RESS W    | HERE LOSS OCC     | CURRED   |  | DATE LOSS ORIGINALLY REPORTED |               |                                       |  |
|  | · · · · · · · · · · · · · · · · · · · |           | ···               | ASAN   |  |                               |               |                                       |  |
|  |                                       |           |                   | INOT   | ZUIOTIONIO   |                               |               | · · · · · · · · · · · · · · · · · · · |  |
|  |                                       | Descri    | ption Columr      | heck the box to indicate if iter For articles - list the typ   | RUCTIONS  n was stolen (S) or damage of article, brand name, is model, caliber, and type | model numb                    | er, and color |                                       |  |
| (S)  | (D)                                   | Qty.      |                   | DESCRIPT   | TION   | Seria                         | al / I.D. #   | Value                                 |  |
|  |                                       |           |                   |  |  |                               |               |                                       |  |
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| Š  |                                       |           | Ì                 |  |  | - Alechanist Accounting       |               | į                                     |  |
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|  |                                       |           |                   |  |  |                               |               |                                       |  |
| DO   | ПОТ                                   | WRIT      | E IN THIS S       | SPACE  |  |                               |               |                                       |  |
| Rec  | eived                                 | /         | /                 | Msg. No  |  |                               |               |                                       |  |
| By:  |                                       |           |                   |  | Entered//  |                               |               |                                       |  |
|  |                                       |           | ·                 |  | Cleared/_/ Signature of Reporting Person   |                               |               |                                       |  |