

DA <input type="checkbox"/>	Juv <input type="checkbox"/>	DC <input type="checkbox"/>	CA <input type="checkbox"/>			<b>West Linn Police Department</b> 22825 Willamette Drive West Linn, OR 97068 <b>PROPERTY LOSS REPORT</b>	Incident #
Other							Case #
Connecting #s / Reports:							Classification:                      ORS
Victim Name: (Last First Middle)				Victim Address:			Victim Phone:
	Quantity	Item	Serial Number	Brand	Model/Size/Color		
	OAN	Value	Location When Stolen			<input type="checkbox"/> Stolen <input type="checkbox"/> Damaged <input type="checkbox"/> Lost <input type="checkbox"/> Recovered	
	Quantity	Item	Serial Number	Brand	Model/Size/Color		
	OAN	Value	Location When Stolen			<input type="checkbox"/> Stolen <input type="checkbox"/> Damaged <input type="checkbox"/> Lost <input type="checkbox"/> Recovered	
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Reporting Officer(s)				DPSST # (s)		Approved By:	Data Entry: