



SONORA POLICE DEPARTMENT

100 S GREEN ST, SONORA CA 95370
Business: (209)532-8143 Fax: (209)532-4845



COUNTER REPORT

Choose one: **LOST** or **STOLEN**

Incident Number _____

Case Number _____

Report Date/Time _____

INCIDENT OCCURRED ON OR BETWEEN:

LOCATION OF OCCURANCE:

DATE: _____ TIME: _____

DATE: _____ TIME: _____

REPORTING PARTY: _____

CONTACT NUMBER(S): _____
HOME / CELL / WORK

ADDRESS: _____
STREET CITY STATE ZIP

MAILING ADDRESS: _____
(IF DIFFERENT) STREET CITY STATE ZIP

DOB: _____ **GENDER (M/F):** _____ **SSN#:** _____

VICTIM: _____
(IF DIFFERENT FROM REPORTING PARTY)

CONTACT NUMBER(S): _____
HOME / CELL / WORK

ADDRESS: _____
STREET CITY STATE ZIP

MAILING ADDRESS: _____
(IF DIFFERENT) STREET CITY STATE ZIP

DOB: _____ **GENDER (M/F):** _____ **SSN#:** _____

IN THE NARRATIVE PLEASE EXPLAIN HOW THE ITEM(S) WAS/WERE LOST OR STOLEN. EXPLAIN IN DETAIL WHERE THE ITEMS WERE LAST SEEN. DESCRIBE THE ITEM(S) IN AS MUCH DETAIL AS POSSIBLE IN THE LISTED PROPERTY DESCRIPTION AREAS.

(ATTACH ADDITIONAL SHEETS IF NEEDED)

DESCRIPTION: _____

SERIAL NUMBER: _____ **MODEL NUMBER:** _____

MANUFACTURER: _____ **COLOR:** _____ **VALUE:** _____

NARRATIVE: _____



SONORA POLICE DEPARTMENT

100 S GREEN ST, SONORA CA 95370

Business: (209)532-8143 Fax: (209)532-4845



COUNTER REPORT

PROPERTY SHEET ATTACHMENT

DESCRIPTION: _____

SERIAL NUMBER: _____ MODEL NUMBER: _____

MANUFACTURER: _____ COLOR: _____ VALUE: _____

DESCRIPTION: _____

SERIAL NUMBER: _____ MODEL NUMBER: _____

MANUFACTURER: _____ COLOR: _____ VALUE: _____

DESCRIPTION: _____

SERIAL NUMBER: _____ MODEL NUMBER: _____

MANUFACTURER: _____ COLOR: _____ VALUE: _____

DESCRIPTION: _____

SERIAL NUMBER: _____ MODEL NUMBER: _____

MANUFACTURER: _____ COLOR: _____ VALUE: _____

DESCRIPTION: _____

SERIAL NUMBER: _____ MODEL NUMBER: _____

MANUFACTURER: _____ COLOR: _____ VALUE: _____

DESCRIPTION: _____

SERIAL NUMBER: _____ MODEL NUMBER: _____

MANUFACTURER: _____ COLOR: _____ VALUE: _____

DESCRIPTION: _____

SERIAL NUMBER: _____ MODEL NUMBER: _____

MANUFACTURER: _____ COLOR: _____ VALUE: _____
