

SUPPLEMENTAL PROPERTY REPORT

WATERFORD POLICE
 5150 Civic Center Drive
 Waterford MI 48329-3713 248-674-0351 Fax 248-673-5190
 www.waterfordmi.gov/police

Venue 63 21 ORI MI6380800

Pros. Office # _____

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PRINT YOUR FIRST AND LAST NAME OR BUSINESS NAME	INCIDENT NUMBER
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NOTE: Complete report as thoroughly as possible. Promptly return to the Waterford Police Department in person, by fax at 248-673-5190, or by US Mail ATTN: RECORDS
IF YOU NEED ADDITIONAL BLANK FORMS, PHOTOCOPY THIS DOCUMENT BEFORE COMPLETING

QTY	TYPE OF PROPERTY	MANUFACTURER'S NAME	MODEL
COLOR(S)	SIZE	SERIAL OR APPLIED #	VALUE \$ <input type="checkbox"/> STOLEN <input type="checkbox"/> DAMAGED
COMMENTS			
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COLOR(S)	SIZE	SERIAL OR APPLIED #	VALUE \$ <input type="checkbox"/> STOLEN <input type="checkbox"/> DAMAGED
COMMENTS			

WARNING: This is an official police report. It must be true and accurate. Intentional failure to comply is a violation of Michigan Law – False Police Report (750.111A). Do not list items that were not stolen or damaged in an attempt to collect money from an insurance company or any other individual. It is a violation of Michigan Law – Obtaining Money Under False Pretenses (750.218)

I _____, hereby state this is a true and accurate report.

SIGNATURE _____ DATE _____

INVESTIGATING OFFICER (S)	BADGE NUMBER(S)	RECEIVED BY	LEIN ENTRY BY	ATTENTION TO DETECTIVE
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