



Deputy: _____ Case# _____ Date: _____

Asotin County Sheriff's Office Theft Report Form

Name: _____ DOB: _____

(First) (MI) Last

Address: _____

City: _____

Phone: () _____ Cell:() _____ Work:() _____

Email: _____

I voluntarily provide the following information of my own free will:

Suspect Information (if known):

Item Information

Quantity	Value	Description (color, markings, damage ect.)	Brand	Model No	Serial No

If stolen from inside a vehicle include: Plate Number: _____ State: _____

