



Victim Follow-Up Report

9.47 Rev 10/19

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|---|----------------------|------------------|--------------|
| REPORT NUMBER | DATE OF INCIDENT | TYPE OF INCIDENT | |
| VICTIM'S NAME (LAST, FIRST, MI) | | HOME PHONE | OTHER PHONE |
| VICTIM'S ADDRESS | | | |
| VICTIM'S SIGNATURE X | | | DATE |
| <p>Victim completes this section to provide information that was not reported on the initial police report. (Please print clearly or type) Attach additional sheets, if necessary. Write the report number at the top of each additional sheet.</p> <p>Number each entry accordingly</p> <ol style="list-style-type: none">Witnesses - list names, addresses, home and business phone numbers.Suspects - list names, addresses, phone numbers descriptions, etc.Other additional information about the above incidentAdditional stolen or recovered propertyAdditional description of previously reported property | | | |
| <input type="checkbox"/> STOLEN <input type="checkbox"/> RECOVERED | ARTICLE TYPE | BRAND NAME | VALUE |
| SERIAL NUMBER | OWNER APPLIED NUMBER | | MODEL NUMBER |
| COLOR, SIZE, DESCRIPTION, CALIBER, BARREL LENGTH, ETC. | | | |
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MAIL COMPLETED FORM TO: **RECORDS SECTION
SEATTLE POLICE DEPARTMENT
610 5TH AVE
PO BOX 34986
SEATTLE, WA. 98124-4986**