



# Victim Follow-Up Report

9.47 Rev 10/19

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 <b>not</b> 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><b>Number each entry accordingly</b></p> <ol style="list-style-type: none"> <li><b>Witnesses</b> - list names, addresses, home and business phone numbers.</li> <li><b>Suspects</b> - list names, addresses, phone numbers descriptions, etc.</li> <li><b>Other additional information about the above incident</b></li> <li><b>Additional stolen or recovered property</b></li> <li><b>Additional description of previously reported property</b></li> </ol>			
<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 5<sup>TH</sup> AVE**  
**PO BOX 34986**  
**SEATTLE, WA. 98124-4986**