

MARBLEHEAD POLICE DEPARTMENT

11 Gerry Street Marblehead, MA 01945-3096

Property Loss Report

Victim's name _____ **MPD Case #** _____

Address _____ **Lost?** ____

City _____ **State** _____ **Zip** _____ **Stolen?** ____

Tel # Home _____ **Work** _____

Insurance Company _____

Property Item	Manufacturer Or make	Model name or number	Color	Serial Number Or other ID marks	Value at Time of loss	Miscellaneous

Page # _____ **of** _____

Signature _____

Date _____