

Weber County Sheriff's Office

Property Report

Case #:

Item #										
Item Status: <input type="checkbox"/> 2 Burned <input type="checkbox"/> 3 Counterfeited/Forged <input type="checkbox"/> 4 Damaged <input type="checkbox"/> D Disposal <input type="checkbox"/> B Found <input type="checkbox"/> 7 Lost/Stolen <input type="checkbox"/> C Pawned <input type="checkbox"/> A Personal/Safekeeping <input type="checkbox"/> 6 Seized <input type="checkbox"/> 5 Stolen/Recovered						Evidence: <input type="checkbox"/> Yes <input type="checkbox"/> No		IBR Code:		
						Taken By : <input type="checkbox"/> Dep <input type="checkbox"/> CSI				
Item: <input type="checkbox"/> Bicycle <input type="checkbox"/> Jewelry <input type="checkbox"/> Miscellaneous/Article <input type="checkbox"/> Water Craft/Motor <input type="checkbox"/> Drug <input type="checkbox"/> Firearm (If one of the above items, see reverse side)						Make:		Model:		
Caliber:		Barrel Length:		Type:		Year:		Color:		
Finish: <input type="checkbox"/> Black <input type="checkbox"/> Blue <input type="checkbox"/> Camouflage <input type="checkbox"/> Chrome/Nickel/Stainless <input type="checkbox"/> Other								Serial #:		
Serial # Obliterated: <input type="checkbox"/> Y <input type="checkbox"/> N		How Removed:								
Serial Restored: <input type="checkbox"/> Fully <input type="checkbox"/> Partially <input type="checkbox"/> Unable To Restore				Owner Applied:		Package #:		Quantity:		
Analysis: <input type="checkbox"/> Y <input type="checkbox"/> N		Value:\$		Cross Reference:		Recovered Date:		Value: \$		
Description:										

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Caliber:		Barrel Length:		Type:		Year:		Color:		
Finish: <input type="checkbox"/> Black <input type="checkbox"/> Blue <input type="checkbox"/> Camouflage <input type="checkbox"/> Chrome/Nickel/Stainless <input type="checkbox"/> Other								Serial #:		
Serial # Obliterated: <input type="checkbox"/> Y <input type="checkbox"/> N		How Removed:								
Serial Restored: <input type="checkbox"/> Fully <input type="checkbox"/> Partially <input type="checkbox"/> Unable To Restore				Owner Applied:		Package #:		Quantity:		
Analysis: <input type="checkbox"/> Y <input type="checkbox"/> N		Value:\$		Cross Reference:		Recovered Date:		Value: \$		
Description:										

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Caliber:		Barrel Length:		Type:		Year:		Color:		
Finish: <input type="checkbox"/> Black <input type="checkbox"/> Blue <input type="checkbox"/> Camouflage <input type="checkbox"/> Chrome/Nickel/Stainless <input type="checkbox"/> Other								Serial #:		
Serial # Obliterated: <input type="checkbox"/> Y <input type="checkbox"/> N		How Removed:								
Serial Restored: <input type="checkbox"/> Fully <input type="checkbox"/> Partially <input type="checkbox"/> Unable To Restore				Owner Applied:		Package #:		Quantity:		
Analysis: <input type="checkbox"/> Y <input type="checkbox"/> N		Value:\$		Cross Reference:		Recovered Date:		Value: \$		
Description:										

Bicycle			Jewelry			Miscellaneous/Article						
Item #			Item #			Item #						
Type: <input type="checkbox"/> 10 Speed <input type="checkbox"/> BMX <input type="checkbox"/> Mountain <input type="checkbox"/> Other <input type="checkbox"/> Unknown Style: <input type="checkbox"/> Child/Boy <input type="checkbox"/> Child/Girl <input type="checkbox"/> Men's <input type="checkbox"/> Women's <input type="checkbox"/> Unisex <input type="checkbox"/> Unknown Seat: <input type="checkbox"/> Banana <input type="checkbox"/> Moto <input type="checkbox"/> Mountain <input type="checkbox"/> Normal <input type="checkbox"/> Other Brake: <input type="checkbox"/> Cantilever <input type="checkbox"/> Coaster <input type="checkbox"/> Dual Pivot <input type="checkbox"/> Side Pull <input type="checkbox"/> U Brake <input type="checkbox"/> Other Bars: <input type="checkbox"/> High Riser <input type="checkbox"/> Motocross <input type="checkbox"/> Mountain <input type="checkbox"/> 1 Piece Aero <input type="checkbox"/> Racer <input type="checkbox"/> Standard <input type="checkbox"/> Other Fender: <input type="checkbox"/> Full <input type="checkbox"/> Moto Style <input type="checkbox"/> None <input type="checkbox"/> Short Accessories: <input type="checkbox"/> Air Pump <input type="checkbox"/> Bar Ends <input type="checkbox"/> Bell <input type="checkbox"/> Chain Guard <input type="checkbox"/> Computer <input type="checkbox"/> Generator <input type="checkbox"/> Hand Grips <input type="checkbox"/> Horn <input type="checkbox"/> Kickstand <input type="checkbox"/> Light(s) <input type="checkbox"/> Lock <input type="checkbox"/> Mirror <input type="checkbox"/> Panniers <input type="checkbox"/> Pump Holder <input type="checkbox"/> Rack <input type="checkbox"/> Shocks <input type="checkbox"/> Toe Clips <input type="checkbox"/> Tool Punch <input type="checkbox"/> Water Bottle <input type="checkbox"/> Water Bottle Cage <input type="checkbox"/> Other			Item: <input type="checkbox"/> Badge <input type="checkbox"/> Bracelet <input type="checkbox"/> Earrings <input type="checkbox"/> Jewelry Box <input type="checkbox"/> Necklace <input type="checkbox"/> Pin/Broach <input type="checkbox"/> Ring <input type="checkbox"/> Tie Tack <input type="checkbox"/> Watch <input type="checkbox"/> Other Metal: <input type="checkbox"/> Bronze <input type="checkbox"/> Gold <input type="checkbox"/> Iron <input type="checkbox"/> Lead <input type="checkbox"/> Platinum <input type="checkbox"/> Silver <input type="checkbox"/> Tin <input type="checkbox"/> White <input type="checkbox"/> Wood <input type="checkbox"/> Yellow <input type="checkbox"/> Other Stone: <input type="checkbox"/> Amethyst <input type="checkbox"/> Black <input type="checkbox"/> Cubic Zirconia <input type="checkbox"/> Diamond <input type="checkbox"/> Opal <input type="checkbox"/> Pearl <input type="checkbox"/> Ruby <input type="checkbox"/> Sapphire <input type="checkbox"/> Topaz <input type="checkbox"/> Other Karat: _____ # Stones: _____ Engraving:			Type: <input type="checkbox"/> Air Conditioning <input type="checkbox"/> Camera Equipment <input type="checkbox"/> Data Processing Equipment <input type="checkbox"/> Equip Not Otherwise Categorized <input type="checkbox"/> Furniture & Furnishing <input type="checkbox"/> Household Appliances <input type="checkbox"/> Identification Cards <input type="checkbox"/> Keepsakes & Collectibles <input type="checkbox"/> Livestock <input type="checkbox"/> Luggage <input type="checkbox"/> Musical Instruments <input type="checkbox"/> Office Equipment <input type="checkbox"/> Personal Accessories <input type="checkbox"/> Radio/TV/Entertainment Device <input type="checkbox"/> Sports Equipment <input type="checkbox"/> Viewing Equipment <input type="checkbox"/> Well-Drilling Equip <input type="checkbox"/> Other						
Water Craft/Motor			Drug									
Item #			Item #			Item #						
Motor Type: <input type="checkbox"/> Inboard <input type="checkbox"/> Inboard-Outboard <input type="checkbox"/> Manual <input type="checkbox"/> Sail Only <input type="checkbox"/> Sail w/Inboard <input type="checkbox"/> Sail w/o/Outboard <input type="checkbox"/> Outboard <input type="checkbox"/> Other _____		Water Craft Type: <input type="checkbox"/> Air Boat <input type="checkbox"/> Commercial <input type="checkbox"/> Cruise <input type="checkbox"/> Houseboat <input type="checkbox"/> Hovercraft <input type="checkbox"/> Hydrofoil <input type="checkbox"/> Hydroplane <input type="checkbox"/> Jet Ski <input type="checkbox"/> Runabout <input type="checkbox"/> Sailboat <input type="checkbox"/> Utility <input type="checkbox"/> Yacht		Type: <input type="checkbox"/> Amph/Methamph <input type="checkbox"/> Barbiturates <input type="checkbox"/> Cocaine <input type="checkbox"/> Crack Cocaine <input type="checkbox"/> Hashish <input type="checkbox"/> Heroin <input type="checkbox"/> LSD <input type="checkbox"/> Marijuana <input type="checkbox"/> Morphine <input type="checkbox"/> Opium <input type="checkbox"/> Other Depressant <input type="checkbox"/> Other Hallucinogens <input type="checkbox"/> Other Narcotics <input type="checkbox"/> Other Stimulants <input type="checkbox"/> PCP <input type="checkbox"/> Unknown <input type="checkbox"/> Over 3 Drug Type <input type="checkbox"/> Other _____		Form: <input type="checkbox"/> Block <input type="checkbox"/> Capsule <input type="checkbox"/> Liquid <input type="checkbox"/> Pill/Tablet <input type="checkbox"/> Plant <input type="checkbox"/> Powder <input type="checkbox"/> Rock <input type="checkbox"/> Sheet <input type="checkbox"/> Other _____		Unit: <input type="checkbox"/> Dosage Units/Items <input type="checkbox"/> Fluid Ounce <input type="checkbox"/> Gallon <input type="checkbox"/> Gram <input type="checkbox"/> Kilo <input type="checkbox"/> Liter <input type="checkbox"/> Milliliter <input type="checkbox"/> Number of Plants <input type="checkbox"/> Ounce <input type="checkbox"/> Pound				
Firearms												
Item #												
Item: <input type="checkbox"/> Ammo, BB/Pellet <input type="checkbox"/> BB/Pellet Gun <input type="checkbox"/> Bomb <input type="checkbox"/> Cannon <input type="checkbox"/> Disguised Gun <input type="checkbox"/> Electric Shock Gun			<input type="checkbox"/> Grenade <input type="checkbox"/> Live Ammo/Bullets <input type="checkbox"/> Machine Gun <input type="checkbox"/> Mine <input type="checkbox"/> Missile <input type="checkbox"/> Mortar <input type="checkbox"/> Explosives <input type="checkbox"/> Paint Ball Ammo/Marble <input type="checkbox"/> Pistol <input type="checkbox"/> Rifle		<input type="checkbox"/> Rifle/Shotgun Combo <input type="checkbox"/> Rocket <input type="checkbox"/> Shell Casings <input type="checkbox"/> Shotgun <input type="checkbox"/> Shotgun/Sawed Off <input type="checkbox"/> Silencer <input type="checkbox"/> Slugs <input type="checkbox"/> Submachine or Machine Pistol <input type="checkbox"/> Other _____		Type: <input type="checkbox"/> 3 Barrels <input type="checkbox"/> 4 or more Barrels <input type="checkbox"/> Automatic <input type="checkbox"/> BB/Pellet <input type="checkbox"/> Blank <input type="checkbox"/> Bolt Action <input type="checkbox"/> Carbine <input type="checkbox"/> Derringer		<input type="checkbox"/> Double Barrel <input type="checkbox"/> Flare <input type="checkbox"/> Flintlock <input type="checkbox"/> Gas or Air <input type="checkbox"/> Jet Propelled <input type="checkbox"/> Launcher <input type="checkbox"/> Lever Action <input type="checkbox"/> Over & Under <input type="checkbox"/> Paint Ball		<input type="checkbox"/> Percussion Caplock <input type="checkbox"/> Pump <input type="checkbox"/> Revolver <input type="checkbox"/> Semi-Auto <input type="checkbox"/> Single-Shot <input type="checkbox"/> Tear Gas	