ADDITIONAL LOSS REPORT

www.LubbockPolice.com			
Reporting Officer/ID # (If Known)			

Return/Mail to: Lubbock Police Department P.O. Box 2000 Lubbock, Texas 79457 Attention: Records Section

Case Report Number		

Page ____ of ___

			The state of the s		
(Pl	lease prir	nt or type)			
NAME		MPLAINANT/VICTIM:			· ·
	(Last)		(First)	(Middle)	
ADDF	RESS:	(House Number)	(Street)	(Zip)	
	•				
DATE	OF OCC	URRENCE:	PHON	NE NUMBER:	
		PROPERTY LOSS			
QTY	ARTIC	LE DECRIPTION, BR	AND NAME, MODEL NAME/NO	. SERIAL/ID#	VALUE

QIT	ARTICLE DECRIPTION, BRAND NAME, MODEL NAME/NO.	SERIAL/ID#	VALUE
,			
,			

Signature	of Re	porting	Person