1. Agency	2. Division/Precinct	**New York State PROPERTY REPORT**	3. Case No.	4. Incident No.

5. Report Day	6. Report Date Mo / Day / Yr	7. Report Time	8. Complainant Name

9. Narrative

10. Victim or Suspect No.	Property Status	Property Type	Quantity/ Measure	Make or Drug Type	Model	Serial No.	Description	Value
	TABLE S	TABLE T	TABLE U	TABLE V				

11. Reporting Officer Signature (Include Rank)	12. ID No.	13. Supervisor's Signature (Include Rank)	14. ID No.	Page of Pages
15. Complainant Signature		16. Date		

DCJS-3216 (6/96) *False statements made herein, are punishable as a class A misdemeanor pursuant to the NYS Penal Law.*

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