Attachment No. 1C

STOLEN ARTICLE REPORT LIST

DIVISION OF POLICE, CHILLICOTHE, OHIO

PAGE NO.	NAME AND ADDRESS OF VICTIM		REPORT NUMBER
QUANTITY	**ARTICLE DESCRIPTION (BRAND NAME, COLOR, SIZE, ETC.)**	**SERIAL or I.D. NUMBER**	**VALUE**

INVESTIGATING OFFICER	PERSON REPORTING SIGNATURE	DATE

NOTE: PRINT OR TYPE, USE EXTRA SHEETS IF NECESSARY

PTX-1C