

EVIDENCE REPORT ORIGINAL

USE FOR EVIDENCE / PROPERTY BOOKED INTO EVIDENCE ROOM

SNOHOMISH COUNTY SHERIFF'S OFFICE REGIONAL EVIDENCE DIVISION		TYPE OF OFFENSE CYBER STALKING	AGENCY ID	AGENCY CASE NUMBER KK15-078
<input checked="" type="checkbox"/> VICT <input type="checkbox"/> SUS <input type="checkbox"/> WIT <input type="checkbox"/> COM	DOB 09/01/78	<input type="checkbox"/> VICT <input checked="" type="checkbox"/> SUS <input type="checkbox"/> WIT <input type="checkbox"/> COM	DOB 06/10/67	DATE AND TIME OF ORIGINAL REPORT 03/25/15 1 1400
BROUGHT TO <input type="checkbox"/> PROPERTY ROOM <input checked="" type="checkbox"/> EAST PREC. <input type="checkbox"/> OTHER	COLLECTING OFFICER: NAME/# R. GRNER . 1518 DATE: 03/25/15 TIME: 1400 SIGNATURE <i>[Signature]</i>	TRANSPORTING OFFICER: NAME/# SAME DATE: SAME TIME: SAME SIGNATURE <i>[Signature]</i>	DRUG ANALYSIS <input type="checkbox"/> ITEM(S) # _____ BLOOD ALCOHOL <input type="checkbox"/> ITEM(S) # _____ FILM <input type="checkbox"/> QUANTITY _____ EACH FINGERPRINTING <input type="checkbox"/> ITEM(S) # _____	

ACTION NUMBER: **3 - EVIDENCE; 5 - FOUND; 10 - SAFEKEEPING** EVIDENCE --WILL BE HELD UNTIL COURT DISPOSITION OR AUTHORIZATION FROM OFFICER
FOUND AND SAFEKEEPING--WILL BE HELD FOR 60 DAYS OR 60 DAYS PAST OWNER
NOTIFICATION EXCEPT FOR ITEM(S) ENTERED BY COURT ORDER.

Item # 1	ITEM 2-CD'S w/EVIDENCE	SERIAL / OAN	BRAND NAME	STORAGE LOCATION
Action # 3	MODEL / CALIBER	WHERE FOUND		
	FURTHER DESCRIPTION (IF WEAPON, INDICATE BARREL LENGTH, ACTION, FINISH)		WEIGHT: PROPERTY ROOM ONLY	
	1-ORIGINAL TDK CD-R 02B Victim - [Redacted] 03/25/15"			
OWNER'S NAME	ADDRESS	CITY	ZIP	PHONE #
OTHER REMARKS / ADDITIONAL INFORMATION / SPECIAL INSTRUCTIONS 1-COPY IMATION CD-R				BAR CODE GOES HERE

Item #	ITEM	SERIAL / OAN	BRAND NAME	STORAGE LOCATION
Action #	MODEL / CALIBER	WHERE FOUND		
	FURTHER DESCRIPTION (IF WEAPON, INDICATE BARREL LENGTH, ACTION, FINISH)		WEIGHT: PROPERTY ROOM ONLY	
OWNER'S NAME	ADDRESS	CITY	ZIP	PHONE #
OTHER REMARKS / ADDITIONAL INFORMATION / SPECIAL INSTRUCTIONS				BAR CODE GOES HERE

Item #	ITEM	SERIAL / OAN	BRAND NAME	STORAGE LOCATION
Action #	MODEL / CALIBER	WHERE FOUND		
	FURTHER DESCRIPTION (IF WEAPON, INDICATE BARREL LENGTH, ACTION, FINISH)		WEIGHT: PROPERTY ROOM ONLY	
OWNER'S NAME	ADDRESS	CITY	ZIP	PHONE #
OTHER REMARKS / ADDITIONAL INFORMATION / SPECIAL INSTRUCTIONS				BAR CODE GOES HERE

Item #	ITEM	SERIAL / OAN	BRAND NAME	STORAGE LOCATION
Action #	MODEL / CALIBER	WHERE FOUND		
	FURTHER DESCRIPTION (IF WEAPON, INDICATE BARREL LENGTH, ACTION, FINISH)		WEIGHT: PROPERTY ROOM ONLY	
OWNER'S NAME	ADDRESS	CITY	ZIP	PHONE #
OTHER REMARKS / ADDITIONAL INFORMATION / SPECIAL INSTRUCTIONS				BAR CODE GOES HERE

Item #	ITEM	SERIAL / OAN	BRAND NAME	STORAGE LOCATION
Action #	MODEL / CALIBER	WHERE FOUND		
	FURTHER DESCRIPTION (IF WEAPON, INDICATE BARREL LENGTH, ACTION, FINISH)		WEIGHT: PROPERTY ROOM ONLY	
OWNER'S NAME	ADDRESS	CITY	ZIP	PHONE #
OTHER REMARKS / ADDITIONAL INFORMATION / SPECIAL INSTRUCTIONS				BAR CODE GOES HERE

Item #	ITEM	SERIAL / OAN	BRAND NAME	STORAGE LOCATION
Action #	MODEL / CALIBER	WHERE FOUND		
	FURTHER DESCRIPTION (IF WEAPON, INDICATE BARREL LENGTH, ACTION, FINISH)		WEIGHT: PROPERTY ROOM ONLY	
OWNER'S NAME	ADDRESS	CITY	ZIP	PHONE #
OTHER REMARKS / ADDITIONAL INFORMATION / SPECIAL INSTRUCTIONS				BAR CODE GOES HERE

EVIDENCE CONTROL USE ONLY:				
TRANSPORTED BY:	RECEIVED BY EVIDENCE CONTROL:	NCIC/WACIC	<input type="checkbox"/> DATE _____	CAD/RMS CHECKED <input type="checkbox"/>
INITIAL: _____	NAME _____ # _____	NCIC/WACIC +	<input type="checkbox"/> DATE _____	
DATE: _____	DATE _____ TIME _____	NCIC/WACIC -	<input type="checkbox"/> DATE _____	
INPUT <input type="checkbox"/> DATE _____	LETTER SENT <input type="checkbox"/> DATE _____	FINAL UPDATE <input type="checkbox"/> DATE _____		

AGENCY CASE NUMBER
KK15-078