

STATE OF OHIO  
DEPARTMENT OF NATURAL RESOURCES  
THEFT REPORT OF STATE OWNED PROPERTY

SECTION I.

|                                                                                                                                                                                                                                               |                                                 |  |     |                                |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--|-----|--------------------------------|--|
| 1.                                                                                                                                                                                                                                            | DATE THIS REPORT MADE:                          |  | 2.  | DATE OF THEFT:                 |  |
| 3.                                                                                                                                                                                                                                            | DIVISION/OFFICE MAKING THIS REPORT:             |  |     |                                |  |
| 4.                                                                                                                                                                                                                                            | TYPE OF PROPERTY STOLEN:                        |  |     |                                |  |
| (IF MULTIPLE THEFT, REFER TO THE FORM ATTACHED FOR THE REPORT. INCLUDE ONLY ITEMS NUMBERED 4 THROUGH 10 OF THIS REPORT)                                                                                                                       |                                                 |  |     |                                |  |
| 5.                                                                                                                                                                                                                                            | MANUFACTURER OF BRAND NAME:                     |  |     |                                |  |
| 6.                                                                                                                                                                                                                                            | SERIAL #:                                       |  | 7.  | MODEL #:                       |  |
| 8.                                                                                                                                                                                                                                            | INVENTORY #:                                    |  |     |                                |  |
| 9.                                                                                                                                                                                                                                            | STOLEN FROM (Location):                         |  |     |                                |  |
| 10.                                                                                                                                                                                                                                           | VALUE:                                          |  | 11. | AREA OR PERSON ASSIGNED TO:    |  |
| 12.                                                                                                                                                                                                                                           | WHO REPORTED THE THEFT:                         |  |     |                                |  |
| 13.                                                                                                                                                                                                                                           | DATE REPORTED:                                  |  | 14. | HOUR REPORTED:                 |  |
| 15.                                                                                                                                                                                                                                           | NAME OF LAW ENFORCEMENT AGENCY NOTIFIED:        |  |     |                                |  |
| 16.                                                                                                                                                                                                                                           | DATE OF NOTIFICATION:                           |  | 17. | NAME, ADDRESS AND PHONE NUMBER |  |
| OF INVESTIGATING AGENCY OFFICER:                                                                                                                                                                                                              |                                                 |  |     |                                |  |
| 18.                                                                                                                                                                                                                                           | SIGNATURE OF ODNR EMPLOYEE MAKING THIS REPORT:  |  |     |                                |  |
| 19.                                                                                                                                                                                                                                           | SIGNATURE OF DIVISION/OFFICE INVENTORY OFFICER: |  |     |                                |  |
| <p>A COMPLETED COPY OF THIS REPORT PLUS A COMPLETED COPY OF THE INVESTIGATING LAW ENFORCEMENT AGENCY'S THEFT REPORT MUST BE SUBMITTED TO THE OFFICE OF EXTERNAL AUDITS SECTION WITHIN 5 CALENDAR DAYS FROM THE FIRST DATE OF THIS REPORT.</p> |                                                 |  |     |                                |  |

DO NOT WRITE BELOW THIS LINE

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SECTION II.

|                        |  |          |  |
|------------------------|--|----------|--|
| DATE OF RECOVERY:      |  | BY WHOM: |  |
| WHERE:                 |  |          |  |
| CHARGES FILED (COURT): |  |          |  |
| DATE:                  |  | RESULTS: |  |
|                        |  |          |  |
|                        |  |          |  |
|                        |  |          |  |