

## REYKJAVIK METROPOLITAN POLICE

n	4 1 4	/ 4 1 1			Case No.:			Skjal nr.	Bls. nr.
K	eport – lost	/stolen valu	ues						
When reported (date):			Time:		Place of report:				
Your personal	l details:								
First name(s):					Family name:				
Date of birth (dd.	Nationality:	Nationality:			Preferred contact number:		Mobile phone contact number:		
					+		+ Postal code:		
Permanent address:					Town/area: Post			code:	
Contact address in Iceland:					E-mail address:				
Date of arrival (d	Date of departure	(dd/mm/	nm/yyyy): Insurance company:						
Cuino / Inside	ont dotails (times	from and lose	4: \ . *						
	ent details (time					T=		I	
Lost:	Stolen:	Start date (dd/mn	1/yyyy):	Start tim	e (hh:mm):	End date (dd/mm/	уууу):	End time (h	h:mm):
Crime / Incident				Town/area:		Postal code:			
* On or between w	which dates do you th	ink the incident tool	k place. If	f you know	the exact date use	the first boxes only.	I		
Property deta	ils lost/stolen:								
Description of al	l property, lost or sto	len (please provide	as much o	detail as po	ssible e.g. make, r	nodel, serial number,	bank car	d type, value e	etc.):
Additional inf	formation:								
Additional inform	mation if any (e.g. de	scription of the ever	nts of any	v suspects e	etc):				
raditional infor	mation if any (e.g. de	semption of the ever	nes, or unj	y suspects c					
Confirmed by best knowledge:					Report received	(date):			
1	Ü					- · ·			
Signature					Police officer's signature and no.				

Notist einungis þegar enginn er grunaður. Frumrit tilkynningar sendist þjónustuveri LRH án tafa til skráningar.

Tel: +354 444-1000 Fax: +354 444-1015 www.lrh.is

email: lrh@lrh.is