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| **Streamlined Forensic Reporting** | | | **Annex B**  **Mitigations Table** | | |
| Relates to (person): | Click or tap here to enter text. | | Crime/Occ. No: | | Click or tap here to enter text. |
| Location: | Click or tap here to enter text. | | Force Forensic Ref: | | Click or tap here to enter text. |
| Date of Offence/Incident: | Click or tap here to enter text. | | Forensic Provider Ref: | | Click or tap here to enter text. |
| Other Ref 1: | Click or tap here to enter text. | | Other Ref 2: | | Click or tap here to enter text. |
|  | | | | | |
| Report provided by: | Click or tap here to enter text. | Organisation: | | Click or tap here to enter text. | |
| Date of report: | Click or tap here to enter text. | | | | |
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