

THEFT OF FUEL REPORT

Incident # _____
(Department use only)

Date: _____ Time: _____ Business: _____ Phone: _____
(mm/dd/yy) (am/pm)

Address: _____ Township: _____
(street) (city/village) (state) (zip)

Reporting party: _____ Home Phone: _____
(first) (MI) (last) (DOB)

Home Address: _____
(street) (city/village) (state) (zip)

Suspect Vehicle

License Plate: _____ State: _____ Color(s): _____ / _____ Make: _____ Model: _____

Approx. Year: _____ Vehicle Type: _____ Direction of Travel: _____
(2dr, 4dr, SUV, pickup) (direction & what road or highway)

Driver Description

Male/Female: _____ Height: _____ Weight: _____ Hair: _____ Facial Hair: _____ Glasses: _____
(M/F) (length & color) (Y/N) (Y/N)

Clothing: _____ Other Descriptors: _____
(Ethnicity, tattoos, hat, etc.)

Vehicle Occupants

How Many: _____ Description: _____

Incident Report

Video Available? _____ Unpaid Amount: _____ Gallons: _____ Fuel Type: _____ Pump #: _____
(Y/N)

Detail Intentional Acts: _____

*****SAVE ANY VIDEO and the RECEIPT for the GASOLINE*****

Was the customer/driver given permission to leave without making payment or were any arrangements made to return at a later time to pay? _____ (Y/N)

I, the owner/attendant, was on duty at the business, location, date & time specified above and am authorized to file a report of theft with law enforcement. The vehicle and driver described above left the business after fueling and without making payment. The information contained on this document is true and accurate to the best of my knowledge.

Signature: _____ Date: _____