

OFFICER NAME/BADGE #:

CASE FILE #:



## FCG9J-@@ POLICE DEPARTMENT GAS DRIVE-OFF REPORT

**NOTE TO MERCHANT:** All asterisked items on this report must be completed in order for the FcgYj J`Y Police Department to accept and provide followup. If this information is not available, a report will not be made.

|  |   |         |                                   |           |  |                                 |       |
|--|---|---------|-----------------------------------|-----------|--|---------------------------------|-------|
| BUSINESS NAME: *   |   |         |                                   |           |  |                                 |       |
| BUSINESS ADDRESS: *  |   |         |                                   |           |  | PHONE: *                        |       |
| DATE THEFT OCCURRED: *<br>(MM/DD/YYYY)   |   |         | TIME THEFT OCCURRED: *<br>(HH:MM) |           |  | DOLLAR AMOUNT: *                |       |
| VEHICLE  | LICENSE PLATE: *  |         | LICENSE STATE: *                  |           |  | VEHICLE COLOR: *                |       |
|  | VEHICLE MAKE:   |         | VEHICLE MODEL:                    |           |  | VEHICLE YEAR:                   |       |
|  | NUMBER OF OCCUPANTS:  |         | DIRECTION OF TRAVEL:              |           |  |                                 |       |
|  | OTHER VEHICLE DESCRIPTION:                                    |         |                                   |           |  |                                 |       |
| SUSPECT  | SEX: *  | RACE: * | WEIGHT: *                         | HEIGHT: * | APROX. AGE: *  | HAIR:                           | EYES: |
|  | <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE |         |                                   |           |  |                                 |       |
|  | CLOTHING:   |         |                                   |           |  |                                 |       |
|  | OTHER SUSPECT DESCRIPTION:                                    |         |                                   |           |  | CAN YOU IDENTIFY THE SUSPECT: * |       |
| DESCRIPTION OF PASSENGER(S):   |   |         |                                   |           | <input type="checkbox"/> YES <input type="checkbox"/> NO |                                 |       |
|  |   |         |                                   |           | DO YOU HAVE CONFIRMED VIDEO?                             |                                 |       |
|  |   |         |                                   |           | <input type="checkbox"/> YES <input type="checkbox"/> NO |                                 |       |
| WITNESS  | NAME (FIRST-MIDDLE-LAST):                                     |         |                                   |           |  | DATE OF BIRTH:                  |       |
|  | HOME ADDRESS:   |         |                                   |           |  | HOME/CELL PHONE:                |       |
|  | CITY-STATE-ZIP:   |         |                                   |           |  |                                 |       |
|  | EMPLOYER NAME:  |         |                                   |           |  | EMPLOYER PHONE:                 |       |
|  | EMPLOYER ADDRESS:   |         |                                   |           |  | NORMAL WORK HOURS:              |       |
|  | OTHER WITNESSES:  |         |                                   |           |  |                                 |       |
| OTHER DETAILS OR INFORMATION:  |   |         |                                   |           |  |                                 |       |
| <p><i>The above information is true and correct to the best of my knowledge. I agree to pursue charges and complete a citizen's arrest form if the suspect is able to be identified. I understand any false information provided may result in criminal charges for false police report.</i></p> |   |         |                                   |           |  |                                 |       |
| SIGNED:  |   |         |                                   |           |  | DATE:                           |       |

|                           |                                |
|---------------------------|--------------------------------|
| ROSEVILLE POLICE USE ONLY |                                |
| DISPOSITION:              | IF NO, REASON REPORT NOT MADE: |