

PROWERS COUNTY SHERIFF'S OFFICE

STOLEN VEHICLE COMPLAINT FORM

DATE REPORTED: _____ TIME: _____

REGISTERED OWNER: _____

ADDRESS: _____ CITY: _____ ZIP: _____

TELEPHONE: _____ CELL: _____

VEHICLE:

MAKE: _____ MODEL: _____

YEAR: _____ COLOR: _____ VIN: _____

IDENTIFYING MARKS: _____

LAST DRIVER: _____ PERMISSION: YES NO

LOCATION STOLEN: _____

DATE / TIME STOLEN: _____ BY: _____

WAS VEHICLE LOCKED? YES NO KEYS? _____

WAS VEHICLE RUNNING? YES NO HOW MUCH GAS? _____ TANK SIZE? _____

REGISTRATION IN VEHICLE? YES NO WILL YOU SIGN A STATEMENT? YES NO

WILL YOU PRESS CHARGES? YES NO FIREARMS IN VEHICLE? YES NO

VALUABLES IN VEHICLE? YES NO SUSPECTS? _____

DESCRIBE FIREARMS OR VALUABLES, (serial numbers, etc.) _____

I represent that I, am the Registered Owner of have legal custody and am responsible for the above described vehicle and that it has been stolen and taken from my control without my consent by parties unknown. I further represent that I will sign criminal theft charges against any party taking it or that may be in possession of the above described vehicle. I will cooperate with all law enforcement agencies to the best of my ability to recover the vehicle and to prosecute the person or persons responsible for its theft.

Signature of Complainant

Date

Deputy taking complaint