MOTOR VEHICLE THEFT REPORT

ASOTIN COUNTY SHERIFF _____ CLARKSTON POLICE _____ Case Number _____

Date of Report _____ Time of Report _____ Date of Theft _____ Time of Theft _____

Name _____ Registered Owner (if different) _____

Address _____ Address _____

City _____ State Zip _____ Telephone _____ City _____ State Zip _____ Telephone _____

DESCRIPTION OF STOLEN VEHICLE

License Number _____ License State _____ License Expiration _____ VIN (Vehicle Identification Number) _____

Vehicle Year _____ Vehicle Make _____ Vehicle model _____ Vehicle Style _____ Vehicle Color _____

Additional Information/Description:

1. Are you the Legal Owner? _____ 2. Are you delinquent in payments? _____

3. Do you know who may have taken the vehicle? _____ If yes, who? _____

4. Did anyone have permission to use the vehicle? _____ If yes, who? _____

5 Were the keys in the vehicle? _____ Where are the keys now? _____ Any duplicate keys? _____

6. How much fuel was in vehicle? _____ 7. Location at time of theft: _____

8. Who had custody of vehicle? _____ 8. Value of stolen vehicle? _____

To the best of my knowledge, the above described vehicle has been taken without my knowledge or permission. If said vehicle is recovered it shall be my duty to notify this department immediately. Failure to do so shall be constituted as a misdemeanor under the State of Washington Code, RCS 46.52.110.

Signature of Complainant _____ Date _____ Signature of Officer Receiving Report _____

Agencies notified: _____ Entered NCIC/Date _____ Cleared NCIC/Date _____

The above stolen vehicle has been located at _____ on _____ Date/Time

By _____ Department making recovery _____ Condition of vehicle _____ Vehicle stored at

Date of Release _____ Signature of Receiving Party _____

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