

STOLEN VEHICLE REPORT

3-2020

OELWEIN POLICE DEPARTMENT

www.OelweinPolice.org



INSTRUCTIONS: The owner of any motor vehicle stolen in this state must make a report in writing to the office of the local police, County Sheriff or the Iowa State Patrol in the municipality in which the theft occurred.

P.D. USE ONLY	CASE NUMBER
	NCIC NUMBER

NOTICE: A person who knowingly makes a false report of the theft of a motor vehicle, to a Police Officer, will be subject to criminal prosecution and/or civil penalties.

I hereby report to the Oelwein Police Department that the vehicle described below was stolen.		NAME OF POLICE DEPARTMENT			DATE REPORTED
VEHICLE INFORMATION	YEAR	MAKE	MODEL	BODY STYLE	COLOR(S)
	LICENSE PLATE NUMBER	VEHICLE REGISTERED? <input type="checkbox"/> NO <input type="checkbox"/> YES		IF YES, IN WHAT STATE?	VEHICLE IDENTIFICATION NUMBER
	ESTIMATED VALUE OF VEHICLE \$	WERE DOORS LOCKED? <input type="checkbox"/> YES <input type="checkbox"/> NO	WERE KEYS IN VEHICLE? <input type="checkbox"/> YES <input type="checkbox"/> NO		NAME OF INSURANCE COMPANY
OWNER INFORMATION	NAME OF OWNER				TELEPHONE NUMBER
	ADDRESS				
	WILL OWNER OR PERSON IN CUSTODY OF VEHICLE BE AVAILABLE FOR COURT? <input type="checkbox"/> YES <input type="checkbox"/> NO				
INCIDENT INFORMATION	DATE VEHICLE STOLEN	DAY OF WEEK	TIME <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	LOCATION STOLEN FROM (Street,, etc.)	
	REPORTED STOLEN BY (Name)		ADDRESS	TELEPHONE NUMBER	
SIGNATURE	SIGNATURE (Person filling out report) X				DATE SIGNED

DO NOT WRITE BELOW THIS LINE - POLICE DEPARTMENT USE ONLY

OFFICER'S REPORT	REPORT TAKEN BY (Name of Officer)	BADGE NUMBER	POLICE DEPARTMENT <input type="checkbox"/> Local <input type="checkbox"/> State	POLICE DEPARTMENT NAME
	DATE REPORT FILED	TIME FILED (Military)	NCIC ENTERED	TIME ENTERED (Military)
	ADDITIONAL INFORMATION (Continue on back if necessary)			

RECOVERY REPORT	DATE OF RECOVERY	TIME (Military)	RECOVERY LOCATION	NAME OF RECOVERY OFFICER	
	WAS VEHICLE TOWED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, BY WHOM (Name and address)		WHO AUTHORIZED TOW?	
	WAS ARREST MADE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WAS OWNER NOTIFIED? <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE OWNER NOTIFIED	TIME NOTIFIED (Military)	NOTIFYING OFFICER (Name)
	WAS NCIC CANCELED? <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE CANCELED	TIME CANCELED (Military)	NCIC OPERATOR	
	NAME AND ADDRESS OF PERSON CLAIMING VEHICLE				
LICENSE NUMBER (State and Number)			SIGNATURE OF PERSON CLAIMING VEHICLE X	DATE SIGNED	

CONDITION ON RECOVERY	PARTS	MISSING (x)	DAMAGED (x)	SECTIONS	MISSING (x)	DAMAGED (x)	LOCKS	DAMAGED (x)	BURNED	YES (x)	NO (x)
	TIRES			FRONT			IGNITION		MOTOR COMP.		
	ENGINE			R. SIDE			DOOR		PASS. COMP.		
	TRANS.			L. SIDE			TRUNK		TRUNK COMP.		
	INS. PANEL			REAR			GAS CAP		TOTAL		
	SEATS			HOOD							
	RADIO								FIRE DEPT. RESPONSE		
									DRIVEABLE		

DISTRIBUTION: Original- State or Local Police Copy - Individual Making Complaint