

UCR CLASSIFICATION	EULESS POLICE DEPARTMENT GASOLINE THEFT OFFENSE/INCIDENT REPORT	REPORT NUMBER
UCR CODE		REPORT DATE
THIS SECTION FOR POLICE USE ONLY		

This report must be completed by the attendant on duty at the time the theft was committed. All appropriate information must be provided. PLEASE PRINT CAREFULLY.

BUSINESS NAME		ADDRESS		
BUSINESS PHONE	DATE OF THEFT	TIME OF THEFT	WEATHER AT TIME OF THEFT	
MANAGER'S NAME	HOME ADDRESS		HOME PHONE	
ATTENDANT'S NAME	HOME ADDRESS		HOME PHONE	
GAS TAKEN:	TOTAL COST	TYPE	NUMBER OF GALLONS	PRICE PER GALLON

Answer the following questions by circling either Yes or No. If question 2, 3, or 4 is answered yes, supply the appropriate information on the back. If question 5, 6, or 7 is answered yes, explain in the Comments Section on back.

Does your station require customers to pay before pumping gas? Yes No

Did you see the theft take place? Yes No

Can you or any other witness identify the suspect in a court of law? Yes No

Did you or another witness obtain a complete Texas license plate number from the Suspect's vehicle? Yes No

Did the suspect make any attempt to pay for the gas? Yes No

Did the suspect make partial payment for the gas? Yes No

Did the suspect make any other purchases? Yes No

Was the suspect permitted to leave with the understanding that he could return Later and pay and that if did so he would not be prosecuted for theft? Yes No

Check one: will prosecute _____ will not prosecute _____
 for insurance only _____ desire restitution _____

I understand that making a false report to a police agency is a Class B misdemeanor, punishable by up to 180 days in the County Jail and/or a fine not to exceed \$1,000.00

Signature _____

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Records review by _____ ID # _____ Refer to ISB YES NO
 Detective Assigned _____ ID # _____ Clearance _____

SUSPECT DESCRIPTION

Name _____ Date of Birth _____ Age ____ Race ____ Sex ____
Home Address _____ Home Phone _____
Work Address _____ Work Phone _____
Height ____ Weight ____ Eye Color _____ Hair Color and Length _____
Facial Hair _____ Glasses _____
Scars, Marks, Tattoos _____
Clothing _____

SUSPECT VEHICLE

Make _____ Model _____ Year ____ Color _____
Body Style _____ License Number _____ State _____
Marks or Damage _____

ADDITIONAL WITNESSES

Name _____ Birthdate _____ Age ____ Race ____ Sex ____
Home Address _____ Home Phone _____
Work Address _____ Work Phone _____
Relationship to Incident _____

Name _____ Birthdate _____ Age ____ Race ____ Sex ____
Home Address _____ Home Phone _____
Work Address _____ Work Phone _____
Relationship to Incident _____

Name _____ Birthdate _____ Age ____ Race ____ Sex ____
Home Address _____ Home Phone _____
Work Address _____ Work Phone _____
Relationship to Incident _____

COMMENTS

