

NCIC #: _____		AGENCY NAME HERE STOLEN VEHICLE REPORT				INCIDENT #: _____	
LOCATION OF INCIDENT: _____				DATE OCCURRED: _____	TIME OCCURRED: _____	DATE OF REPORT: _____	
REPORTING PARTY:	LAST NAME: _____		FIRST NAME: _____		MIDDLE NAME: _____	DATE OF BIRTH: _____	
VEHICLE YEAR	MAKE	MODEL	STYLE	COLOR	LICENSE TAG NUMBER:	STATE	YEAR
VIN NUMBER		IDENTIFYING MARKS, STICKERS OR DAMAGE: _____					
STEREO:	DESCRIPTION: _____		AMPLIFIER:	DESCRIPTION: _____		SPEAKERS:	DESCRIPTION: _____
<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> YES <input type="checkbox"/> NO	
SPECIAL WHEELS:	DESCRIPTION: _____			VANITY TAG:	DESCRIPTION: _____		
<input type="checkbox"/> YES <input type="checkbox"/> NO				<input type="checkbox"/> YES <input type="checkbox"/> NO			
MIRROR HANGING	DESCRIPTION: _____			ANTENNAS:	DESCRIPTION: _____		
<input type="checkbox"/> YES <input type="checkbox"/> NO				<input type="checkbox"/> YES <input type="checkbox"/> NO			
HALO LIGHTS:	DESCRIPTION: _____			AUXILIARY LIGHTS:	DESCRIPTION: _____		
<input type="checkbox"/> YES <input type="checkbox"/> NO				<input type="checkbox"/> YES <input type="checkbox"/> NO			
TINTED WINDOWS:	FUEL:		VEHICLE MILEAGE:		KEYS IN VEHICLE:	VEHICLE LOCKED:	
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> FULL TANK <input type="checkbox"/> 1/2 FULL <input type="checkbox"/> 1/4 FULL	<input type="checkbox"/> 3/4 FULL <input type="checkbox"/> 1/4 FULL	_____	<input type="checkbox"/> UNKNOWN	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
AREA CHECKED BY OFFICER: <input type="checkbox"/> YES <input type="checkbox"/> NO				CHECKED WITH THE COMMUNICATIONS CENTERS: <input type="checkbox"/> YES <input type="checkbox"/> NO			
COMMENTS: _____				COMMENTS: _____			
INSURANCE COMPANY: _____			INSURANCE AGENT: _____			TELEPHONE #: _____	
REGISTERED OWNER'S NAME: _____				LIST OTHER NAMES ON TITLE: <input type="checkbox"/> NONE			
LIST OTHER PERSONS WITH AUTHORITY TO DRIVE THE VEHICLE: <input type="checkbox"/> NONE				LIST OTHER PERSONS WITH KEY: <input type="checkbox"/> NONE			

Affidavit

I, the undersigned, under penalty of law, **K.S.A. 26-3618** - Falsely Reporting A Crime, do hereby affirm and attest that the above described vehicle has been stolen.

Additionally, I, the undersigned, do hereby agree to pay any and all costs associated with the recovery and storage of this vehicle.

REPORTING PARTY:	PRINTED NAME: _____		SIGNATURE: _____		DATE: _____
WITNESS:	PRINTED NAME: _____		SIGNATURE: _____		DATE: _____
REPORTING OFFICER:	ID #:	SUPERVISOR:	ID #:	COPIES TO:	PAGE #:
_____	_____	_____	_____	_____	_____