

**STEPHENVILLE POLICE DEPARTMENT
CIVILIAN OFFENSE REPORT THEFT OF GASOLINE**

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|-----------------------------------|---------------|--|
| <u>FOR POLICE USE ONLY</u> | | |
| Police Case Number _____ | Offense _____ | |
| Date Report Received _____ | U.C.R. _____ | |
| Supervisor's Review _____ | Date _____ | Assigned for follow-up: YES ___ NO ___ |
| Officer Assigned _____ | ID# _____ | Case Status _____ |

THIS REPORT MUST BE COMPLETED BY THE ATTENDANT ON DUTY AT THE TIME THE THEFT OCCURRED.

PLEASE PRINT LEGIBLY

Date of Theft: _____ Time of Theft: _____ Date of Report: _____
 Business Name: _____
 Business Address: _____
 Value of Gas Stolen: \$ _____ Amount of Gas Stolen: _____ gallons
 Type of Gas Stolen: _____ Price per gallon: \$ _____
 Reporting Attendant's Name _____ Date of Birth: _____
 Home Address: _____ Phone Number: _____
 Manager's Name: _____ Home Number: _____

Answer the following questions by circling either YES or NO. Also complete the information on the back of this form. If questions 5, 6, or 7 are answered YES explain in the comments section.

- | | | | |
|----|--|-----|----|
| 1. | Does your station require customers to pay before pumping gas? | YES | NO |
| 2. | Did you see the theft take place? | YES | NO |
| 1. | Can you or any other witness obtain a complete license plate number from the suspect's vehicle? | YES | NO |
| 5. | Did the suspect make any attempt to pay for the gas? | YES | NO |
| 6. | Did the suspect make a partial payment for the gas? | YES | NO |
| 7. | Did the suspect make any other purchase? | YES | NO |
| 8. | Was the suspect permitted to leave with the understanding he/she could return later and pay, and if so he/she would not be prosecuted? | 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.

Signature: _____

SUSPECT DESCRIPTION

Name: _____ Address: _____
City: _____ State: _____ Phone#: _____
Date of Birth: _____ Race: _____ Sex: _____ Hair: _____ Eyes: _____
Height: _____ Weight: _____ Facial Hair: _____
Glasses: _____ Scars, Marks, Tattoos: _____
Clothing: _____
Business Address: _____ Phone: _____

SUSPECT VEHICLE

Vehicle License Plate Number: _____ State: _____
Year: _____ Make: _____ Model: _____ Style: _____
Color: _____ Marks or Damage: _____

ADDITIONAL WITNESSES

Name: _____ Date of Birth: _____
Home Address: _____ Phone: _____
Business Address: _____ Phone: _____
Name: _____ Date of Birth: _____
Home Address: _____ Phone: _____
Business Address: _____ Phone: _____
Comments: _____

**Mail or Bring To: Stephenville Police Department
 C/O Administrative Services
 356 N. Belknap
 Stephenville, Texas 76401**