



## Pacific County Sheriff's Office MOTOR VEHICLE THEFT REPORT

P.O. Box 27, South Bend, WA 98586  
(360) 875-9395 Fax: (360) 875-9393

7013 Sandridge Rd., Long Beach, WA 98631  
(360) 642-9404 Fax: (360) 642-9432

1. Reporting Agency		2. Reporting Agency Case Number		
3. Estimated Value		4. Date of Theft		5. Time of Theft
6. Location of Theft				

7. Vehicle Year	8. Make	9. Model	10. Style	11. Color
12. VIN		13. License Number	14. State	15. Expiration Date
16. Location of Duplicate Keys		17. Vehicle Loaned : Yes <input type="checkbox"/> No <input type="checkbox"/> Rented: Yes <input type="checkbox"/> No <input type="checkbox"/> Note: If vehicle was loaned or rented, describe to whom and by whom, terms of agreement (verbal or written and length) in block no. 41 below.		
18. Keys in vehicle: Yes <input type="checkbox"/> No <input type="checkbox"/> Doors Locked: Yes <input type="checkbox"/> No <input type="checkbox"/> Damaged: Yes <input type="checkbox"/> No <input type="checkbox"/> Payments Overdue: Yes <input type="checkbox"/> No <input type="checkbox"/> Driveable: Yes <input type="checkbox"/> No <input type="checkbox"/> Divorce or Sep in Progress: Yes <input type="checkbox"/> No <input type="checkbox"/>		19. Identifying Characteristics (Damage, Special Equipment, other ID numbers, other points of identity)		
				20. Fuel Inventory

21. Insurance Company (Agent, Address, Phone)				
22. Theft Reported By	23. Address	24. Residence Phone	25. Other Phone	
26. Registered Owner	27. Address	28. Residence Phone	29. Other Phone	
30. Legal Owner / Lienholder	31. Address	32. Residence Phone	33. Other Phone	
34. Vehicle Purchased From	35. Address/Phone	36. Date of Sale	37. Has Title Been Transferred? YES <input type="checkbox"/> NO <input type="checkbox"/>	
38. Suspect(s)	39. Address/Phone	40. Physical Description      MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> Age: _____      Weight: _____      Height: _____ Race: _____      Eye: _____      DOB: _____		

41. STATEMENT OF REPORTING PARTY (Describe Circumstances of Theft) [if additional space is needed, use plain 8.5 x 11 paper for page 2]:

I, THE UNDERSIGNED HEREBY DECLARE THIS INFORMATION TO BE TRUE AND CORRECT: I DID NOT GIVE ANYONE PERMISSION TO TAKE OR USE THE DESCRIBED VEHICLE (EXCEPT AS DESCRIBED ABOVE); I AM THE OWNER OR PERSON WHO WAS LEGALLY IN POSSESSION OF THE DESCRIBED VEHICLE AND WILL TESTIFY IN COURT, UNDER OATH, TO THE FACTS HEREIN. IF I REGAIN POSSESSION OF THIS VEHICLE, I UNDERSTAND THAT I MUST NOTIFY THIS LAW ENFORCEMENT AGENCY IMMEDIATELY OF THE RECOVERY. I ALSO UNDERSTAND THAT I MAY BE CHARGED WITH A CRIME IF THE INFORMATION LISTED ABOVE IS FALSE.

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

**LAW ENFORCEMENT ONLY, FILL OUT SECTION BELOW:**

42. Sobriety of Complainant	43. Proof of Ownership Shown By: Reg <input type="checkbox"/> Title <input type="checkbox"/> None <input type="checkbox"/>		44. Entered Into WACIC: Date: _____ Time: _____	
45. Report Taken by	Pers. No.	Date:	Dist:	46. If Legally Parked When Located: Impound <input type="checkbox"/> Contact Owner <input type="checkbox"/>