



FAYETTEVILLE POLICE DEPARTMENT

GASOLINE THEFT REPORT

(Gas Drive-Off Report)

REPORT #: _____

Business Name & Street Address:				
Business Phone:				
Caller's Name (Last, First, Middle):				
Caller's Home Address:				
Caller's Home Phone:				
Caller's D.O.B: (date of birth)	Caller's Sex	Caller's Race:	Caller's D.L. #	D.L. State:
Date/Time Reported:				
Date/Time Occurred:				
Value of Gas Taken: \$				
Suspect Description: (driver)				
Suspect Vehicle Description: (include vehicle license # and state)				
Suspect Vehicle Direction of Travel:				
Narrative:				

* All blanks **must** be completed for entry of report – indicate UNK if unknown *

Return Completed Report to: Fayetteville Police Dept.
P.O. Box 1988, Fayetteville, AR 72702-1988

Or Fax Completed Reports to: FAX#: (479) 587-3522