



## CASTLE ROCK POLICE DEPARTMENT MOTOR VEHICLE THEFT REPORT

CASE NUMBER		DATE OF THEFT		TIME OF THEFT	
LOCATION OF THEFT					
REPORTING PARTY			ADDRESS		
DATE OF BIRTH		RESIDENTIAL PHONE NUMBER		BUSINESS PHONE NUMBER	
REGISTERED OWNER			ADDRESS		
DATE OF BIRTH		RESIDENTIAL PHONE NUMBER		BUSINESS PHONE NUMBER	
ESTIMATED VALUE	VEHICLE YEAR	VEHICLE MAKE	VEHICLE MODEL	COLOR	
VIN NUMBER		LICENSE NUMBER	STATE	EXPIRATION DATE	
IDENTIFYING CHARACTERISTICS				FUEL INVENTORY	
KEYS IN VEHICLE?		PAYMENTS OVERDUE?		WHO ELSE HAS KEYS?	
DRIVABLE?		DIVORCE/SEPARATION IN PROGRESS?			
DOORS LOCKED?		VEHICLE LOANED? (IF YES, TO WHOM?)			
SUSPECT		DATE OF BIRTH	ADDRESS		
DESCRIPTION OF SUSPECT			SUSPECT PHONE NUMBER		

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 IS LEGALLY IN POSSESSION OF THE DESCRIBED VEHICLE AND WILL TESTIFY IN COURT, UNDER OATH, TO THE FACTS HEREIN. I UNDERSTAND THAT I MAY BE CHARGED WITH VIOLATION OF RCW 9A.72.030, "PERJURY IN THE SECOND DEGREE" BY FILING A FALSE REPORT. IF I REGAIN POSSESSION OF THIS VEHICLE, I UNDERSTAND THAT I MUST NOTIFY THIS POLICE AGENCY IMMEDIATELY OF THE RECOVERY.

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

REPORT TAKEN BY	PERS. NO.	DATE	NOTIFICATION TO ENTER WACIC/NCIC:
			DATE: _____ TIME: _____