



Terrell Police Department
Gasoline Theft Report

Offense Report Number: _____

Name of Business: _____

Business Address: _____

Business Phone: _____

Date and Time of Offense: _____

Name of Reporting Person/Title: _____

Address: _____

Signature Authorizing Prosecution: _____

City/State/Zip Home Number: _____

Will the witness/employee submit to a polygraph examination? Yes _____ No _____

Description of Loss: _____
(Example: 5 gallons regular gas)

Total Value of Loss: _____

Vehicle Description: _____
(Make, Model, Year, Color, Damage, Etc.)

Unusual characteristics of Suspect Vehicle: _____

License Number/State/Year: _____

Suspect Description: _____

Race: _____ Sex: _____ Age: _____ Height: _____ Weight: _____ Hair: _____

Other: _____

Clothing Description: _____

Witness Information:

Name Sex/Sex/DOB

Address City/State/Zip

Home Phone Business Phone

Witness Information:

Name Sex/Sex/DOB

Address City/State/Zip

Home Phone Business Phone

Brief narrative of what happened: _____

This form should be completed and submitted in person to the Terrell Police Department, 201 E Nash St, within 72 hours.