



Forest Lake
AS GOOD AS IT SOUNDS

**Forest Lake
Police Department**
1408 Lake Street South
Forest Lake, MN 55025
651.464.5877
651.464.8653 fax
www.flpd.com

MOTOR VEHICLE FUEL THEFT REPORT

DIRECTIONS

The representative of the business wanting the arrest and/or criminal charging of a person responsible for fuel theft should complete this form in its entirety. An investigation will only be conducted if this form is filled out completely. Attach a purchase receipt and a DVD containing a copy of the video showing the violation, and deliver or send it all to the Forest Lake Police Department as soon as possible after the incident occurs. Please print clearly.

OFFENSE SUMMARY

OFFENSE DATE / /20	OFFENSE TIME : <input type="checkbox"/> AM <input type="checkbox"/> PM	OFFENSE CAPTURED ON VIDEO? <input type="checkbox"/> YES <input type="checkbox"/> NO VIDEO ATTACHED? <input type="checkbox"/> YES <input type="checkbox"/> NO
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VEHICLE INFO	MAKE	MODEL	COLOR	STYLE (2 or 4-door, SUV, truck, etc.)
	LICENSE PLATE	STATE	OTHER	

SUSPECT INFORMATION	SEX	RACE	APPROXIMATE AGE	CLOTHING DESCRIPTION
	THEFT DETAILS			
	SUSPECT'S NAME (IF KNOWN)		SUSPECT'S DATE OF BIRTH (IF KNOWN)	

COMPLAINANT INFORMATION

BUSINESS NAME		BUSINESS PHONE #
BUSINESS ADDRESS		
COMPLAINANT'S FULL NAME	DATE OF BIRTH	COMPLAINANT'S TITLE/POSITION

I, the above complainant, observed the occupant of the vehicle described above pump fuel from pump number ___ into the vehicle and then drive off without making or attempting to make any form of payment for \$_____ worth of fuel. I am requesting the responsible person(s) be arrested/charged, and I promise I will appear in court, if necessary. I understand that pursuant to MN state statute 609.505, knowingly providing false information of a crime to a Peace Officer is punishable by law.

ICR NUMBER

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SIGNATURE OF THE COMPLAINANT

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PRINTED NAME OF COMPLAINANT

For Office Use Only
Form filled out correctly <input type="checkbox"/> Yes <input type="checkbox"/> No