

TAMPA POLICE DEPARTMENT



STATEMENT OF COMPLAINT Vehicle Stolen From Inventory F.S.S. 812.014

INSTRUCTIONS: The following information is required for the Tampa Police Department & Hillsborough County State Attorney's Office to investigate theft of vehicles missing from inventory.

1. VICTIM: (Company's Name)	Name of Business:						
	Address:						
	Phone:						
2. COMPLAINANT: (Employee reporting vehicle(s) stolen)	Name: Last, First, MI			Date of Birth:		Work Hours:	
	Home Address:					Phone:	
	Business Address:					Phone:	
	Can this employee positively identify the renter: <input type="checkbox"/> Yes <input type="checkbox"/> No						
3. VEHICLE:	Year:	Make:	Model:	Doors:	Color:	Lic. # / State/ Expires:	Decal #:
	Vin #:					Value:	
	Other Description:						
Last known location of vehicle (storage, repair, etc.)							
Proof of Ownership <input type="checkbox"/> Yes <input type="checkbox"/> No			Type:				
Date Last Rented:		Date Returned:		Date of Inventory:		Date Discovered Missing:	
Who Conducted Inventory:				Title:		Phone:	
Employee who checked all possible locations of vehicle:				Title:		Phone:	
Who was contacted in an effort to locate vehicle:							
Name:			Title:		Phone:		Phone:
Name:			Title:		Phone:		Phone:
Name:			Title:		Phone:		Phone:
Name:			Title:		Phone:		Phone:
Name:			Title:		Phone:		Phone:
Complaint Filed By: (Please Print Name and Company Title):							
Signature of Witness (#2 Above):						Date:	
STATE OF FLORIDA COUNTY OF: _____ Sworn to and subscribed before me this _____ day of _____, 20____, By _____. My Commission Name is: _____ My Commission Expires: _____ Personally known _____ or produced identification: _____. Type of identification produced: _____.							