



KALISPELL POLICE DEPARTMENT

STOLEN VEHICLE REPORT

Date & Time of Report _____ Case Report # _____

Owner's Name _____

Owner's Address _____ Phone _____

Place of Work _____ Phone _____

Lien Holder (if any) _____

Insurance Carrier _____ Notified Y / N _____

Where Stolen From _____

Date & Time of Theft _____

Possible Suspect(s) _____

Description of Vehicle:

License # _____ Year _____ Make _____

Model _____ Body Style _____ Color _____

I.D. Number _____ Motor Number _____

Identifying features (bumper stickers, body damage, antennas, etc.) _____

Gas in Vehicle _____ Weapons? _____ Keys left in? _____

I, the undersigned, do hereby certify that the above information is true and accurate to the best of my knowledge. I further certify that I have reported the theft of my vehicle to Kalispell Police Department for assistance in recovery of the vehicle and will not hold such agency or its agents responsible for any damage or damages resulting from attempts to recover same.

Signature of owner of vehicle

Signature of officer or person receiving report