



Office of the Sheriff

ANOKA COUNTY SHERIFF JAMES STUART

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 then submit it all to the Anoka County Sheriff's Office 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	COMPLAINANT'S DATE OF BIRTH	COMPLAINANT'S TITLE/POSITION
COMPLAINANT'S HOME ADDRESS		COMPLAINANT'S CELL PHONE

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

SIGNATURE OF THE COMPLAINANT/DATE