



LOS ANGELES POLICE DEPARTMENT
CALIFORNIA STOLEN VEHICLE REPORT

				Form Number				Report Number			
Date	Time	Postal	Location			Method of Theft			Forced Entry Observed		
Surveillance Available			GPS / Tracking Installed				Tracking Provider (if applicable)				
REGISTERED OWNER INFORMATION											
Name: First			Middle				Last				
Residential Address			City			State	Postal	Phone Number			
Gender	Eyes	Hair	Height	Weight	Date of Birth		Email Address				
Owner Present at Time of Report						Relation of Suspect to Owner					
VEHICLE INFORMATION											
License Plate	Year	Color	Make	Model	State	Expiration Date		Vehicle Identification Number (VIN)			
Registered Owner			Address				City		State	Postal	
SUSPECT INFORMATION											
Name: First			Middle				Last				
Residential Address			City			State	Postal	Phone Number			
Gender	Eyes	Hair	Height	Weight	Date of Birth		Email Address				
NARRATIVE											
Narrative											
OFFICER INFORMATION											
I certify upon reasonable grounds that the information provided in this Stolen Vehicle Report is true and accurate to the best of my knowledge. This report has been completed in accordance with agency guidelines and departmental procedures for documenting motor vehicle thefts and related investigative findings.											
Officer Name			Badge Number		Agency LOS ANGELES POLICE DEPARTMENT				Signature		