BOARDMAN POLICE DEPARTMENT

8299 MARKET ST. BOARDMAN, OHIO 44512

INCIDENT #____-

PHONE: (330) 726-4144 FAX: (330) 726-4170



FUEL DRIVE OFF INCIDENT REPORT

VICTIM BUSINESS:											DAT	E:	TIME:				
ADDRESS:											PHONE#:						
CLERK ON DUTY:											DID CLERK WITNESS INCIDENT?						
FUEL TYPE:			FUEL QUANTITY:			COST PER GALLON:			TOTAL VALUE:			IS VIDEO OF INCIDENT AVAILABLE?					
VEHICLE DESCRIPTION		MAKE:			MC	DEL:			YEAR:		CC	COLOR: LIC		LICENSE NUMBI	ICENSE NUMBER:		
SUBJECT DESCRIPTION		SEX	SEX: RACE:		COMPLEXION:		AGE:	HEIGHT: WEIGHT:			BUILD:	EYES: HAIR-(HOW		/ WORN):			
BEARD:	ML	JSTAC	CHE:	GLASSES:		CLOTHI	CLOTHING DESCRIPTION/ / OTHER:										
WITNESS:									AGE:	PHO	DNE#:						

INCIDENT FACTS										
-										
MANAGER'S SIGNATURE:			DATE COMPLETED:	STATE		CHED?				
					/ES 🗆	NO				
RECEIVING OFFICER:	DATE:	APPROVING OFFICER	: (SPECIAL OPERATIONS DIVISION)	DATE:	FOLLOW-LIP?	ASSIGNED TO:				
					FOLLOW-UP? □Y□N					