



Eau Claire County Sheriff's Office

Gasoline Theft Report

Date of Theft:

Time of Theft:

Business Name:

Business Address:

City:

State:

Zip:

Business Phone:

Clerk

Full Name:

Date of Birth:

Phone:

Owner/Manager

Full Name:

Date of Birth:

Phone:

Gas Theft

Unleaded

Unleaded Plus

Super Unleaded

Diesel

Gallons

Gallons:

Total Loss \$

Pump #

Does the store require the customer to pay before pumping?	YES	NO
Did you or another witness see the theft take place?	YES	NO
Did you or another witness identify the suspect in court?	YES	NO
Did the suspect make any attempt to pay?	YES	NO
Did the suspect make another purchase?	YES	NO
Did the suspect leave with the understanding that he/she could return and pay for the fuel later?	YES	NO

Suspect Information (fill in any available information)

Name:

Address:

City:

State:

Zip:

Date of Birth:

Race:

Sex:

Height:

Weight:

Hair color:

Eye color:

Clothing:

Any Unusual:

Vehicle Information (fill in any available information)

License #:

State:

Vehicle Year:

Vehicle Make:

Model:

Color:

Any Unusual:

Was the suspect and vehicle information received from a witness or surveillance camera?

Witness:

Surveillance Camera:

Both:

Describe any other information regarding the theft: