

ABERDEEN POLICE DEPARTMENT

VEHICLE PROWL COMPLAINT FORM

Only to be used if damage to vehicle and value of missing items is less than \$750 and there are no serial numbers for the missing items and no witnesses or suspects.

Today's date _____ Date of Incident: _____ Case number if available _____

PERSON REPORTING THIS INCIDENT

Last _____, First _____ Middle _____ DOB _____

Street and number _____ City _____, State _____

Phone number: 1st (_____) _____ 2nd (_____) _____

REGISTERED OWNER OF VEHICLE (if different than person reporting)

Last _____, First _____ Middle _____ DOB _____

Street and number _____ City _____, State _____

Phone number: 1st (_____) _____ 2nd (_____) _____

INCIDENT ADDRESS AND VEHICLE INFORMATION

Street and number _____ Aberdeen, WA 98520

Year of vehicle: _____ Make of vehicle: _____ Model of vehicle _____

Color of vehicle: _____ License number of vehicle: _____ Lic. State: _____

INCIDENT DETAILS

Where was vehicle parked: Street Alley Driveway Parking lot Other: _____

Were the windows up with doors locked? Yes No How was vehicle entered: _____

Describe any damage caused by this incident: _____

(Attach additional pages if necessary – may attach up to 4 JPEG or TIFF e-mailed photos if available)

List missing items: _____

(Attach additional pages if necessary – may attach up to 4 JPEG or Tiff e-mailed photos if available)

Describe any other pertinent details or circumstances:

Complete this form and return to the Aberdeen Police Department at 210 E. Market St Aberdeen WA 98520 or Records@AberdeenWA.gov

I certify under penalty of perjury under the laws of the state of Washington that the forgoing is true and correct.

Date and place signed

X

Signature