

GAS DRIVE OFF REPORT- Fax Completed Form to 651-266-7337

Participating Cities: Arden Hills, Little Canada, North Oaks, Shoreview, Vadnais Heights, White Bear Lake Township, Falcon Heights

BUSINESS INFORMATION	
BUSINESS NAME	
STREET ADDRESS	
CITY	
BUSINESS PHONE	
BUSINESS EMAIL	
PERSON REPORTING/WITNESS	
WITNESS PHONE	
CAN WITNESS IDENTIFY SUSPECT?	YES / NO
INCIDENT INFORMATION	
INCIDENT DATE/TIME	
PUMP NUMBER	
FUEL AMOUNT	
DOLLAR AMOUNT	
VIDEO AVAILABLE	YES / NO
SUSPECT INFORMATION	
SUSPECT GENDER	MALE / FEMALE
SUSPECT RACE	
SUSPECT DESCRIPTION	
VEHICLE MAKE/MODEL	
VEHICLE COLOR	
LICENSE PLATE NUMBER	
WHAT HAPPENED?	
DESCRIBE THE INCIDENT/COMMENTS	
SIGNATURE	

I hereby affirm that the above information has been reported to you to the best of my ability. I understand that as a result of my observations, I may be called upon to testify to the above facts.

