TAMPA POLICE DEPARTMENT

STATEMENT OF COMPLAINT
Vehicle Stolen From Inventory
F.S.S. 812.014

INSTRUCTIONS: The following information is required for the Tampa Police Department & Hillsborough County State Attorney's Office to investigate theft of vehicles missing from inventory.

1. VICTIM: (Company's Name)	Name of Business:						
	Address:						
	Phone:						
2. COMPLAINANT: (Employee reporting vehicle(s) stolen)	Name: Last, First, MI			Date of Birth:		Work Hours:	
	Home Address:					Phone:	
	Business Address:					Phone:	
	Can this employee positively identify the renter: ☐ Yes ☐ No						
3. VEHICLE:	Year:	Make:	Model:	Doors:	Color:	Lic. # / State/ Expires:	Decal #:
	Vin #:					Value:	
	Other Description:						

Last known location of vehicle (storage, repair, etc.)			
Proof of Ownership ☐ Yes ☐ No	**Type:**		
Date Last Rented:	**Date Returned:**	**Date of Inventory:**	**Date Discovered Missing:**
Who Conducted Inventory:		**Title:**	**Phone:**
Employee who checked all possible locations of vehicle:		**Title:**	**Phone:**

Who was contacted in an effort to locate vehicle:

Name:	Title:	Phone:	Phone:
Name:	Title:	Phone:	Phone:
Name:	Title:	Phone:	Phone:
Name:	Title:	Phone:	Phone:
Name:	Title:	Phone:	Phone:

Complaint Filed By: (Please Print Name and Company Title):

Signature of Witness (#2 Above):	Date:

STATE OF FLORIDA
COUNTY OF: _____

Sworn to and subscribed before me this _____ day of _____, 20 _____,

By _____.

My Commission Name is: _____

My Commission Expires: _____

Personally known _____ or produced identification: _____.

Type of identification produced: _____.