



Whitefish Police Department
275 Flathead Avenue
Whitefish, MT 59937
(406) 863-2420

STOLEN VEHICLE REPORT

Name: LAST FIRST MI DOB: Age:

Address: CITY STATE ZIP Phone:

Lien Holder: City: State:

Time of Theft: Date: Time of Report: Stolen From Where:

Possible Suspects: Vehicle Locked: YES NO Keys in Vehicle: YES NO

Amount of Gas: Weapons in Vehicle: YES NO If yes, What Kind:

Other Valuables:

Vehicle Information: Year Make Model Style

License Plate License Year VIN

Remarks:

I, THE UNDERSIGNED, DO HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE. I FURTHER CERTIFY THAT I HAVE REPORTED THE THEFT OF MY VEHICLE TO THE WHITEFISH POLICE DEPARTMENT FOR ASSISTANCE IN RECOVERY OF THE VEHICLE AND WILL NOT HOLD SUCH AGENCY OR INDIVIDUAL RESPONSIBLE FOR ANY CHARGES OR DAMAGE RESULTING FROM ATTEMPTS TO RECOVER THE ABOVE NAMED VEHICLE.

I, THE UNDERSIGNED, DO HEREBY UNDERSTAND THAT UNDER MONTANA STATE LAW, SECTION 94-7-206, R.C.M. 1947, IT IS A CRIMINAL OFFENSE PUNISHABLE BY A FINE OF \$500.00 AND 6 MONTHS IN JAIL, OR BOTH, FOR FURNISHING A FALSE REPORT TO A LAW ENFORCEMENT AGENCY. I CERTIFY THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT.

Signature of Owner: Date:

Witness: Date:

Signature of Officer: W- Date:

Case Report #: Date Entered in NCIC:

NIC #: Date Cancelled From NCIC: