

Gas Drive Off Information Form

Offense Information

Date of Offense _____ Time of Offense _____

Business Name _____ **Amount in Dollars of Gas Taken** _____

Reported to Sheriff's Office **Yes or No** If Reported Date _____ Time _____

Vehicle Information

Color _____ Make _____ Type *Pickup Car or Van* _____

Approximate Year Model _____ OR **New Old** License Plate# _____ State _____

Any Special Features *Dents Damage Cargo Fancy Wheels Bumper Stickers*

Last Known direction of Travel _____

Driver Information

Race **B W H** Sex **M F** Approximate Age _____ Number of Persons in Vehicle _____

Driver Name if Known _____

Approximate Height _____ Approximate Weight _____ Hair Color _____

Hair Length _____ Shirt or Blouse Color & Type _____

Pants or Skirt Color & Type _____

Foot wear color & Type _____

Other Information

Did this Subject make purchases other than gas **Yes No** Did this Subject pay for the other purchases **Yes No**

Did this Subject drop the hose on the ground **Yes No**

Did this Subject use the Restroom **Yes No**

Clerk who witnessed this theft

Full Name _____ Driver's License # _____

Riesel PD Case # _____