

VEHICLE/TOW SUPPLEMENT

V.I.U. NO. _____

RMS NUMBER _____

	TOW CALLED	TOW ARRIVED	TOW CLEARED
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VEHICLE NO.	LICENSE	STATE	TYPE	STICKER	MO/YR
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VIN	YR	MAKE	MODEL	STYLE	COLOR (L) TOP	INTERIOR BOTTOM
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ADDITIONAL DESCRIPTION	VALUE
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AT TIME OF THEFT - VEHICLE EQUIPPED WITH
 RADIO CASSETTE CD SPARE PROPERTY ORIGINAL: ENGINE VIN TRANS.

INSURANCE CO.	VEHICLE ASSOC. WITH SUSPECT #	VEHICLE ASSOC. WITH VICTIM #	OWNERSHIP VERIFIED BY <input type="checkbox"/> RECEIPT <input type="checkbox"/> TITLE <input type="checkbox"/> CCC #
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LISTED OWNER BY PLATE	ADDRESS (NO. STREET, APT., CITY, STATE, ZIP)	PHONE ()
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LISTED OWNER BY IF DIFFERENT THAN PLATE	ADDRESS (NO. STREET, APT., CITY, STATE, ZIP)	
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OPERATOR IF DIFFERENT THAN OWNER	ADDRESS (NO. STREET, APT., CITY, STATE, ZIP)	PHONE ()
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OWNER HAS <input type="checkbox"/> KEYS <input type="checkbox"/> TITLE <input type="checkbox"/> REGISTRATION	OWNER NOTIFIED OF TOW	DATE	TIME	HOW (O)
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TOW INFORMATION

IF CRIME INVOLVED AND VEHICLE TURNED OVER TO OWNER ON SCENE, COMPLETE VEHICLE SECTION OF THE CRIME REPORT AND LIST DAMAGE/STOLEN PARTS IN THE PROPERTY SECTION. LIST ANY OTHER INFORMATION IN THE NARRATIVE.

LOCATION OF AUTO	COMPUTER CHK	TERM NO.
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HOW STOLEN <input type="checkbox"/> 01 MOTOR RUNNING KEYS IN CAR <input type="checkbox"/> 02 UNLOCKED <input type="checkbox"/> 03 DUPLICATE KEY USED <input type="checkbox"/> 04 WINDOW BROKEN <input type="checkbox"/> 05 TOWED <input type="checkbox"/> 06 HOT WIRE <input type="checkbox"/> 07 SLIM JIM COAT HANGER <input type="checkbox"/> 08 TUMBLERS REMOVED <input type="checkbox"/> 09 COLUMN PEELED <input type="checkbox"/> 10 IGNITION PUNCHED	RECOVERY CONDITION <input type="checkbox"/> WRECKED <input type="checkbox"/> DAMAGED <input type="checkbox"/> GOOD <input type="checkbox"/> BURNED <input type="checkbox"/> STRIPPED (LIST IN NARR.)
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REQUIRES <input type="checkbox"/> DOLLY <input type="checkbox"/> WHEELS	VEHICLE PARTS <input type="checkbox"/> BATTERY <input type="checkbox"/> RADIATOR <input type="checkbox"/> ENGINE <input type="checkbox"/> A/C <input type="checkbox"/> RADIO <input type="checkbox"/> TAPE <input type="checkbox"/> CD <input type="checkbox"/> KEYS <input type="checkbox"/> TRANS	OK TO RELEASE VEHICLE <input type="checkbox"/> Y OK RELEASE <input type="checkbox"/> N CONTENTS <input type="checkbox"/> Y
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NO. WHEEL COVERS _____	NO. WHEELS/TIRES _____	<input type="checkbox"/> VEHICLE LOCKED <input type="checkbox"/> TRUNK LOCKED	TOW HOOKUP <input type="checkbox"/> FRONT <input type="checkbox"/> REAR
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DAMAGE AT TIME OF TOW: FRONT	REAR	LEFT	RIGHT
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DAMAGE OF TIME OF TOW: INTERIOR	WINDOWS	PROPERTY INVENTORY PASSENGER COMP.
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PROPERTY INVENTORY: TRUNK	GLOVE BOX
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REASON FOR TOW
 PARKING ACCIDENT ARREST HIT-SKIP HOLD AS EVIDENCE JUNK PRIVATE PROPERTY
 STOLEN SUSPECTED STOLEN PROCESS IMPROPER REGISTRATION SAFEKEEPING

TICKET NO. _____ VIOLATION AND NO. _____

OFFICER REQUESTING TOW	BADGE	CAR	DATE	TIME
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TOWING AGENCY	CPD LOT #	ADDRESS
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CERTIFICATION: I hereby certify that the information in this form has been diligently reviewed and that this information accurately reflects the identification and condition of the motor vehicle listed above and that the receipt of this vehicle and the above listed property is hereby acknowledged.

TOW TRUCK DRIVER	DATE	TIME
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