

Stolen Vessel **Embezzled Vessel** **REPORT**

Use reverse for reporting impounded, recovered, stored or released vessels.

REPORTING AGENCY / DEPARTMENT		AREA / DISTRICT / BEAT	CASE NUMBER
LOCATION OF OCCURRENCE		DATE & TIME LAST SEEN	DATE & TIME DISCOVERED MISSING
REPORTED BY		ADDRESS / PHONE	IDENTIFICATION (& STATE)

Was area checked for vessel and/or witnesses, leads and clues? If "yes", explain in remarks or on separate sheet(s). YES NO

DESCRIPTION AND OWNERSHIP

VESSEL NAME		HOME PORT	REG. / DOCUM. NUMBER	MONTH \ YEAR	STATE		
YEAR	MAKE	MODEL	LENGTH	BEAM	HULL COLOR(S)	TRIM COLOR(S)	ENG. HSPWR.
ENGINE NUMBER & MAKE			HULL IDENTIFICATION NUMBER (HIN)				

VESSEL TYPE: Sailboat Rowboat Cabin Cruiser Runabout Houseboat Canoe Inflatable Day Cruiser Pontoon Pers. Watercraft Other:

HULL MATERIAL: Wood Fiberglass Aluminum Rubber Other:

PROPULSION: In / Out Outboard Inboard Jet Oars / Paddles Sail Other:

ADDITIONAL DESCRIPTION / IDENTIFYING MARKS (*unusual, customizing, etc. - continue in remarks if necessary*)

REGISTERED OWNER	ADDRESS: Street, City, State, Zip	PHONES: Home & Business				
LEGAL OWNER	ADDRESS: Street, City, State, Zip	PHONES: Home & Business				
LAST OPERATOR OF VESSEL	DATE & TIME	ADDRESS: Street, City, State, Zip	PHONES: Home & Business			
INSURANCE CO. (<i>if available</i>)	REPORTING OFFICE	ESTIMATED LOSS VALUE(S)	BOAT HULL \$	ENGINE(S) \$	EQUIP. / ACCESS. \$	TOTAL \$
<input type="checkbox"/> RELATED TRAILER THEFT	YEAR	MAKE	COLOR	V.I.N.	LICENSE NUMBER	STATE

CONDITION AND INVENTORY (*Use remarks space or separate sheets, if necessary*)

ITEMS:	YES	NO	ITEMS:	YES	NO	EQUIPMENT & ACCESSORIES (<i>Include makes, models, serial numbers & descriptions</i>)
Payments Current			Sails			
Vessel Locked			VHF Radio			
Keys in Vessel			Other Radio(s)			
Radar			Cargo			

SUSPECT(S)

NAME: Last, First, Middle	AKA	RACE	SEX	AGE	D.O.B.	HAIR	EYES	HEIGHT	WEIGHT
ADDRESS		CLOTHING DESCRIPTION							

REMARKS (*List all pertinent information*)

CONTINUED ON SEPARATE SHEET

SIGNATURE OF OFFICER / EMPLOYEE ACCEPTING REPORT	AFFIRMATION: <i>I, the undersigned, do hereby affirm to the best of my knowledge that the information on this form is true and accurate</i>
TITLE / RANK	SIGNATURE OF PERSON MAKING REPORT
I.D. NUMBER	

FOR OFFICE USE ONLY

DATE ENTERED IN ABS. & NUMBER	ENTERED BY	NCIC / NATB ENTRY NUMBER	ENTERED BY
EMBEZZLEMENT WARRANT ISSUED? <input type="checkbox"/> NO <input type="checkbox"/> YES	ISSUING COURT	JUDGE	
Date Issued _____	Warrant Number _____		

F.C.N.

Impounded Recovered Stored Released - VESSEL REPORT

Use reverse for reporting stolen or embezzled vessels.

REPORTING AGENCY / DÉPARTMENT		AREA / DISTRICT / BEAT	CASE NUMBER	
LOCATION IMPOUNDED / RECOVERED FROM		TYPE OF LOCATION	If recovery, was area checked for witnesses, leads, & clues? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", explain in remarks or on separate sheet(s)	
REPORTED BY	ADDRESS	PHONE	DATE / TIME OF REPORT	
TOWING / STORAGE CONCERN NAME & ADDRESS		PHONE	TOWED TO / STORED AT	

DESCRIPTION AND OWNERSHIP

VESSEL NAME		HULL IDENTIFICATION NUMBER (HIN)		REG. / DOC. NUMBER	STATE / YEAR			
YEAR	MAKE	MODEL	TYPE	LENGTH	BEAM	HULL MATERIAL	COLOR (combination)	
ENGINE NUMBER & MAKE		HIN COMPARE WITH REG. CARD? <input type="checkbox"/> Yes <input type="checkbox"/> No	HIN APPEAR ALTERED OR REMOVED? <input type="checkbox"/> Yes <input type="checkbox"/> No	HIN CLEAR IN ABS? <input type="checkbox"/> Yes <input type="checkbox"/> No	REG. NUMBER(S) CLEAR IN ABS? <input type="checkbox"/> Yes <input type="checkbox"/> No		HOLD PLACED <input type="checkbox"/> Yes <input type="checkbox"/> No	HOLD FOR
IF STOLEN: Name, Date & Case Number of Reporting Agency				VESSEL RETURNED TO OWNER? <input type="checkbox"/> Yes <input type="checkbox"/> No		STORAGE AUTHORITY / REASON(S)		
REGISTERED OWNER		ADDRESS: City, State, Zip			PHONE(S) (Home & Business)			
LEGAL OWNER		ADDRESS: City, State, Zip			PHONE(S) (Home & Business)			

CONDITION AND INVENTORY (Use remarks space or separate sheets, if necessary)

ENG. HOURS METER	DRIVEABLE? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		HAVE YOU ENTERED MISSING, IDENTIFIABLE PARTS IN ABS? <input type="checkbox"/> Yes <input type="checkbox"/> No				LIST TOOLS, OTHER PROPERTY, AND VESSEL DAMAGE IN REMARKS SPACE.						
ITEMS:	YES	NO	ITEMS:	YES	NO	ITEMS:	YES	NO	ITEMS:	YES	NO	ITEMS:	CONDITION
Seat (Front)			Reg. Card			Alt. / Generator			Sails (#)			Deck	
Seat (Rear)			Ignition Key			Carburetor			Canvas Cover			Hull	
Other Seat(s)			Gas Tank(s)			Radar			Sunken			Bilge	
VHF Radio			Battery			Nav. Light(s)			Wrecked			Mast	
CB Radio			Engine(s)			Anchor(s)			Burned			Boom	
Other Radio			Outboard ()			Rudder(s)			Vandalized				
Tape Deck			Inboard ()			P.F.D.'s (#)			Stripped				
Tapes (#)			In / Out ()			Fire Xtsfers.			Trailer				

REMARKS: (If arrest(s), give names, charges, and where detained)

CONTINUED ON SEPARATE SHEET

OFFICER ORDERING VESSEL STORED (Signature)	I.D. NUMBER	PRINCIPAL OR AGENT STORING VESSEL (Signature)	DATE & TIME
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VALUATION - RELEASE - AND DISPOSITION (For office use only)

TELETYPE ENTRY (Date & Number)	REQUIRED NOTICES SENT TO REGISTERED & LEGAL OWNERS? <input type="checkbox"/> Yes <input type="checkbox"/> No		If NO, Indicate Reason: <input type="checkbox"/> AVA Program	
APPRAISED VALUE	DATE & TIME OF APPRAISAL	APPRAISING OFFICER'S SIGNATURE	I.D. NUMBER	
TO (Storage Authority / Concern)			DATE	
RELEASE VESSEL TO		CERTIFICATION: I, the undersigned, do hereby certify that I am legally authorized and entitled to take possession of the above described vessel.		
ADDRESS		SIGNATURE OF PERSON TAKING POSSESSION		DATE
PHONE		SIGNATURE OF PERSON AUTHORIZING RELEASE		
FEES:	IMPOUND	STORAGE	OTHER	TOTAL
\$	\$	\$	\$	\$
RECEIPT NO.		RELATED REPORTS <input type="checkbox"/> NO <input type="checkbox"/> YES - List Type(s):		

F.C.N.