

REPORTING

RETAIL GAS THEFT

Gas drive offs are a far too common occurrence in the City of Fargo. To deal with this issue, the Fargo Police Department has created a process for businesses to report retail gas theft.

When completing this form, we ask that the narrative portion of the form contain detailed information as to what the employee either witnessed in person or viewed on the business's video surveillance camera. Please provide a basic description of the events which transpired, to include a description of the subject(s) and their actions as well as a complete description of the vehicle such as license plate, make model and color.

The crime of theft requires the suspect to demonstrate intent. The more descriptive information you provide in the narrative, the easier it is to investigate and prosecute.

Completing and submitting the retail gas theft form is a request to investigate and pursue criminal charges should a criminal complaint be warranted. The Fargo Police Department will not act as a collection agency. Businesses seeking only to collect the debt should utilize private means to receive payment.

SUBMIT COMPLETED FORMS

fax to (701) 241.1407

mail to 222 4 St. N., Fargo, ND 58102



Official Use Only:

ICR #: _____

Case Status: _____

Officer: _____

Reviewed By: _____



Victim Information

Store Name: _____

Address: _____

Phone #: _____

Clerk's Name: _____

Phone #: _____

Did you see the theft take place? Y N

Could you identify the suspect in court? Y N

Was an attempt made to pay for the gas? Y N

Is the incident recorded on store video? Y N

Was the suspect permitted to leave with the understanding they would return later to pay for the fuels to avoid prosecution for theft? Y N

I understand that making a false report to a police agency is a crime punishable by a fine and up to one year in jail.

By preparing and submitting this form, the place of business and the employee agree to cooperate with the investigation and prosecution of the offense.

Signature: _____

Narrative

Offense Information

Date of Offense: _____

Time of Offense: _____

Gallons: _____

Price/Gallon: _____

Total Loss \$ _____

Suspect Information

Suspect Name: _____

Approx. Age: _____

Race: _____

Hair: _____ Eyes: _____

Height: _____ Weight: _____

Tattoos/Other: _____

Clothing: _____

Vehicle Information

License Plate # _____

Licesne Plate State _____

Vehicle Make: _____

Vehicle Model: _____

Vehicle Color: _____

Approx. Year of Vehicle: _____