



Western Australia Police Service

Service Station Fuel Non-Payment Report Form

Note: A service station employee must complete this report

Complete all details below:

Date the fuel was stolen: / / **and Time:**

Business Details (Victim)		Reporting Person	
Trading name:		Surname:	
Company name:		Given names:	
Business address:		*DOB or MDL	
		Address:	
Phone:			
Contact name:		Phone:	

* DOB – Date of Birth or MDL – Motor Driver's Licence

Details of Stolen Fuel			
Type of fuel (circle one)	Quantity - litres	Value \$	Pump number
Unleaded			
Premium			
LPG			
LPR			
Diesel			
Other (specify)			

Details of the Vehicle			
Registration number	Body type	Colour	Other features
Make / Model / Year			

Offenders' Description							
Sex	Age	Ethnic appearance	Height	Build	Hair colour	Description of clothing	Other distinguishing features eg tattoos

Detailed Summary of the Incident (if further space is required please attach a separate page)
Is video evidence available? YES / NO

Police use only

IR Number:	
Supervisor check: <i>I certify that this form contains all the required information and has been completed correctly and legibly.</i>	Confirmed in IMS <input type="checkbox"/>
Signature:	PD#

Please submit this form to your nearest police station.