

# PUMP PIRATES ACT FORM

TITLE 21 S.S. 1740

## VICTIM

NAME OF BUSINESS \_\_\_\_\_

ADDRESS OF BUSINESS \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

DATE OF OCCURRENCE \_\_\_\_\_ TIME OF OCCURRENCE \_\_\_\_\_

DOLLAR AMOUNT \_\_\_\_\_ GALLON AMOUNT \_\_\_\_\_

## REPORTING PERSON

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

PH. NUMBER ( ) - - D.L. # - - S.S. # - -

D.O.B. \_\_\_\_\_ HGT \_\_\_\_\_ WGT \_\_\_\_\_ SEX \_\_\_\_\_

MARITAL STATUS \_\_\_\_\_ RACE \_\_\_\_\_ HAIR \_\_\_\_\_ EYES \_\_\_\_\_

## VEHICLE DESCRIPTION

VEH YEAR \_\_\_\_\_ MAKE \_\_\_\_\_ MODEL \_\_\_\_\_ COLOR \_\_\_\_\_

IDENTIFYING MARKS \_\_\_\_\_

TAG NUMBER \_\_\_\_\_ DIRECTION OF TRAVEL \_\_\_\_\_

## SUSPECT DESCRIPTION

HGT \_\_\_\_\_ WGT \_\_\_\_\_ RACE \_\_\_\_\_ HAIR \_\_\_\_\_

APPROXIMATE AGE \_\_\_\_\_ CLOTHING DESCRIPTION \_\_\_\_\_

\_\_\_\_\_

DATE OF REPORT \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF REPORTING PERSON

\_\_\_\_\_  
SIGNATURE OF OFFICER