

CASE NUMBER	<input type="checkbox"/> STOLEN
	<input type="checkbox"/> EMBEZZLED

VESSEL REPORT - STOLEN OR EMBEZZLED VESSEL

REPORTING AGENCY / DEPARTMENT	AREA / DISTRICT / BEAT	DATE/TIME DISCOVERED MISSING
REPORTED BY (NAME):	ID NO. (AND STATE)	CONTACT ADDRESS / PHONE
LOCATION OF OCCURRENCE	AREA CHECKED FOR VESSEL AND/OR WITNESSES, LEADS AND CLUES? <input type="checkbox"/> YES - EXPLAIN IN REMARKS <input type="checkbox"/> NO	

DESCRIPTION AND OWNERSHIP

VESSEL NAME	HOME PORT	REG. / DOCUMENT NUMBER	MONTH / YEAR	STATE
YEAR	MAKE	MODEL	LENGTH	BEAM
ENGINE NUMBER / ENGINE MAKE		ENG. HORSEPOWER	HULL IDENTIFICATION NUMBER (HIN)	

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

HULL MATRL.: Wood Fiberglass Aluminum Rubber Other: _____

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

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

REGISTERED OWNER	ADDRESS (City, State, Zip Code)	PHONE NOS. (DAYTIME / EVENING)
LEGAL OWNER	ADDRESS (City, State, Zip Code)	PHONE NOS. (DAYTIME / EVENING)
LAST OPERATOR OF VESSEL	DATE/TIME ADDRESS (City, State, Zip Code)	PHONE NOS. (DAYTIME / EVENING)

INSURANCE CO. (IF AVAIL.)	REPORTING OFFICE	ESTIMATED LOSS VALUES:	BOAT HULL	ENGINE(S)	EQUIP/ACCESS	TOTAL
<input type="checkbox"/> Related Trailer Theft?	YEAR	MAKE	COLOR	VEHICLE ID NO. (VIN)	LICENSE NO.	STATE

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

ITEM	YES	NO	ITEM	YES	NO	EQUIPMENT AND ACCESSORIES (Include makes, models, serial numbers and descriptions)
Payments Current?	<input type="checkbox"/>	<input type="checkbox"/>	Sails?	<input type="checkbox"/>	<input type="checkbox"/>	
Vessel Locked?	<input type="checkbox"/>	<input type="checkbox"/>	VHF Radio?	<input type="checkbox"/>	<input type="checkbox"/>	
Keys in Vessel?	<input type="checkbox"/>	<input type="checkbox"/>	Other Radio(s)?	<input type="checkbox"/>	<input type="checkbox"/>	
Radar?	<input type="checkbox"/>	<input type="checkbox"/>	Cargo?	<input type="checkbox"/>	<input type="checkbox"/>	

SUSPECT(S)

SUSPECT NAME (Last, First, Middle)	AKA	RACE	SEX	AGE	D.O.B.	HAIR	EYES	HEIGHT	WEIGHT
ADDRESS					CLOTHING DESCRIPTIONS				

REMARKS (List all pertinent information - attach separate sheets if necessary) Extra Sheet(s) Attached

REMARKS AREA

AFFIRMATION: I, the undersigned, do hereby affirm to the best of my knowledge that the information on this form is true and accurate. SIGNATURE PERSON MAKING REPORT	NAME OF OFFICER / EMPLOYEE ACCEPTING REPORT	TITLE / RANK
	SIGNATURE OF OFFICER / EMPLOYEE	I.D. NO.

FOR OFFICE USE ONLY

DATE ENTERED INTO ABS. AND NUMBER	ENTERED BY	NCIC / NATB ENTRY NUMBER	ENTERED BY
EMBEZZLEMENT WARRANT ISSUED?	YES <input type="checkbox"/> NO <input type="checkbox"/>	WARRANT NO.	ISSUE DATE
		ISSUING COURT	JUDGE

F.C.N.

VESSEL REPORT - IMPOUNDED, STORED, RELEASED, RECOVERED

CASE NUMBER:	
<input type="checkbox"/> IMPOUNDED	<input type="checkbox"/> RELEASED
<input type="checkbox"/> STORED	<input type="checkbox"/> RECOVERED

REPORTING AGENCY / DEPARTMENT	AREA / DISTRICT / BEAT	DATE AND TIME OF REPORT
REPORTED BY (NAME):	CONTACT ADDRESS / PHONE	
LOCATION IMPOUNDED / RECOVERED FROM	TYPE OF LOCATION	RECOVERY AREA CHECKED FOR VESSEL AND/OR WITNESSES, LEADS AND CLUES? <input type="checkbox"/> YES - EXPLAIN <input type="checkbox"/> NO IN REMARKS
TOWING / STORAGE CONCERN NAME AND ADDRESS		PHONE NUMBER
		TOWED TO / STORED AT

DESCRIPTION AND OWNERSHIP									
VESSEL NAME			HULL IDENTIFICATION NUMBER (HIN)			REG. / DOCUMENT NUMBER		MONTH / YEAR	STATE
YEAR	MAKE	MODEL	TYPE	LENGTH	BEAM	HULL MATERIAL	COLOR (Combination)		
ENGINE NUMBER / ENGINE MAKE		HIN COMPARED 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 REPORTED STOLEN - REPORTING AGENCY, CONTACT NAME				CASE NO.	DATE MISSING	RETURNED TO OWNER? <input type="checkbox"/> YES <input type="checkbox"/> NO	STORAGE AUTHORITY/REASON(S)		
REGISTERED OWNER		ADDRESS (City, State, Zip Code)				PHONE NOS. (DAYTIME / EVENING)			
LEGAL OWNER		ADDRESS (City, State, Zip Code)				PHONE NOS. (DAYTIME / EVENING)			

CONDITION AND INVENTORY (Use remarks space or separate sheets if necessary)											
ENGINE HOURS METER		DRIVABLE? <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.					
ITEM	YES	NO	ITEM	YES	NO	ITEM	YES	NO	ITEM	CONDITION	
Seat (Front)	<input type="checkbox"/>	<input type="checkbox"/>	Reg. Card	<input type="checkbox"/>	<input type="checkbox"/>	Alt./Generator	<input type="checkbox"/>	<input type="checkbox"/>	Sails (#)	<input type="checkbox"/>	Deck
Seat (Back)	<input type="checkbox"/>	<input type="checkbox"/>	Ignition Key	<input type="checkbox"/>	<input type="checkbox"/>	Carburetor	<input type="checkbox"/>	<input type="checkbox"/>	Canvas Cover	<input type="checkbox"/>	Hull
Other Seat(s)	<input type="checkbox"/>	<input type="checkbox"/>	Gas Tank(s)	<input type="checkbox"/>	<input type="checkbox"/>	Radar	<input type="checkbox"/>	<input type="checkbox"/>	Sunken	<input type="checkbox"/>	Bilge
VHF Radio	<input type="checkbox"/>	<input type="checkbox"/>	Battery	<input type="checkbox"/>	<input type="checkbox"/>	Nav. Light(s)	<input type="checkbox"/>	<input type="checkbox"/>	Wrecked	<input type="checkbox"/>	Mast
CB Radio	<input type="checkbox"/>	<input type="checkbox"/>	Engine(s)	<input type="checkbox"/>	<input type="checkbox"/>	Anchor(s)	<input type="checkbox"/>	<input type="checkbox"/>	Burned	<input type="checkbox"/>	Boom
Other Radio	<input type="checkbox"/>	<input type="checkbox"/>	Outboard ()	<input type="checkbox"/>	<input type="checkbox"/>	Rudder(s)	<input type="checkbox"/>	<input type="checkbox"/>	Vandalized	<input type="checkbox"/>	
Tape Deck	<input type="checkbox"/>	<input type="checkbox"/>	Inboard ()	<input type="checkbox"/>	<input type="checkbox"/>	P.F.D.'s (#)	<input type="checkbox"/>	<input type="checkbox"/>	Stripped	<input type="checkbox"/>	
Tapes (#)	<input type="checkbox"/>	<input type="checkbox"/>	In / Out ()	<input type="checkbox"/>	<input type="checkbox"/>	Fire Xtinguishers	<input type="checkbox"/>	<input type="checkbox"/>	Trailer	<input type="checkbox"/>	

REMARKS (List all pertinent information - attach separate sheets if necessary) Extra Sheet(s) Attached

SIGNATURE OF OFFICER ORDERING VESSEL STORED	ID NUMBER	SIGNATURE OF PRINCIPAL OR AGENT STORING VESSEL	DATE / TIME
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VALUATION - RELEASE - AND DISPOSITION (For office use only)

TELETYPE ENTRY (Date / Number)	REQUIRED NOTICES SENT TO REGISTERED AND LEGAL OWNERS? <input type="checkbox"/> YES <input type="checkbox"/> NO - If no, Reason:	<input type="checkbox"/> AVA PROGRAM
APPRAISED VALUE	DATE / TIME OF APPRAISAL	SIGNATURE OF APPRAISING OFFICER
		ID NUMBER
TO (Storage Authority / Concern)		DATE

RELEASE VESSEL TO (Person taking possession of vessel)	CERTIFICATION: I, the undersigned, do hereby certify that I am legally authorized and entitled to take possession of the above described vessel. SIGNATURE OF PERSON TAKING POSSESSION OF VESSEL DATE SIGNATURE OF PERSON AUTHORIZING RELEASE OF VESSEL
ADDRESS	
PHONE NUMBER	

FEE TYPE	AMOUNT	TOTAL FEES	RECEIPT NO.	RELATED REPORTS? <input type="checkbox"/> NO <input type="checkbox"/> YES - List Type(s):
IMPOUND				
STORAGE				
OTHER				

F.C.N.