CALL # _____

INCIDENT # _____

COVENTRY POLICE DEPARTMENT
LOST OR STOLEN MOTOR VEHICLE REGISTRATION REPORT

DATE _____ Time _____ Officer _____

To report the loss / theft of one or more motor vehicle registration plates, complete the following:

Name: _____ Date of Birth: _____

Address: _____ Soc Sec #: _____

_____ Occupation: _____

Phone: _____ Work Phone: _____

I, _____ voluntarily make the following statement to the Coventry Police Department. I certify that the following information is true & correct to the best of my knowledge.

Plate Number _____ Issuing State _____ Plate Type _____

Expiration _____ Vehicle Year _____ Vehicle Make / Style _____

Vehicle Color _____ VIN Number _____ # of Plates Missing _____

Registered Owners Name _____
(If registered owner is a company or finance corp. enter name of reporting party on above line)

Location & Date When Last Seen? _____

Have you Notified the Registry? _____ When ? _____

Have the Plate(s) been Canceled, Replaced or Re-Issued? _____

Additional Information: _____

Signature _____ Officer Taking Statement _____

Officer Use:
Enter Local Files _____ Entered NCIC _____ NCIC # _____

State Control No. (SCN) _____ Stolen Veh. Or Plate _____ Entered by _____