



ST. CLOUD POLICE DEPARTMENT NO-PAY REPORT

ICR#:

<i>Business Information</i>				
Business Name:			Business Phone:	
Business Address:				
Date of No-Pay	Time of No-Pay	Dollar Amount	Gallons Pumped	Pump Number

<i>Employee/Witness Information</i>		
Last:	First:	Middle:
Home Address:	City/State:	Zip:
DOB:	Home Phone:	Cell Phone:

<i>Suspect Vehicle Information</i>				
License Plate / State	Make	Model	Color (s)	Approximate Year
Identifiable Marks (After Market Accessories, Graphics, Window Tint/Decals, Damage, Rims/Tires, Antennas, etc...)				

<i>Suspect Information</i>				
Race	Gender	Age	Height	Weight
Clothing Description:				

<i>Investigative Information</i>		
	YES	NO
Can the employee/witness identify the suspect?		
Is the suspect a known customer?		
Will the employee/witness testify in court?		
Is the business willing to go forth with full prosecution?		
Is video/photos of the incident available?		

Signature: _____

Date: _____

CALL IN COMPLETED REPORTS IMMEDIATELY TO DISPATCH Non-Emergency 320-251-1200 Emergency 911