



Case #: _____ - _____
(Police Use Only)

Waco Police Department Vendor Offense Report

If the suspect is still at the scene, **call 911**. Please complete this form by printing with black ink if the crime occurred inside the Waco City Limits.

Police Use Only

Offense: _____ Description: _____ Classification: _____ Entered by: _____ on _____.

Date of offense: ___/___/___ Day of week: _____ Time: _____ a.m/p.m. to _____ a.m./p.m.

Store Name & Number: _____ Address: _____

City: _____ State: _____ Zip: _____ Store Telephone Number: () _____ Business Hours: _____

Reporting Person

Name: _____ Address: _____ City: _____ State: _____ Zip: _____

Business: _____ Address: _____ City: _____ State: _____ Zip: _____

Date of Birth: ___/___/___ Race: _____ Gender: _____ D.L. # _____ Soc. Security #: _____

Home Phone :(____) _____ - _____ Cell Phone :(____) _____ - _____ Work Phone :(____) _____ - _____

Witness Information

Name: _____ Address: _____ City: _____ State: _____ Zip: _____

Business: _____ Address: _____ City: _____ State: _____ Zip: _____

Date of Birth: ___/___/___ Race: _____ Gender: _____ D.L. # _____ Soc. Security #: _____

Home Phone :(____) _____ - _____ Cell Phone :(____) _____ - _____ Work Phone :(____) _____ - _____

Suspect Information

Name: _____ Address: _____ City: _____ State: _____ Zip: _____

Business: _____ Address: _____ City: _____ State: _____ Zip: _____

Date of Birth: ___/___/___ or Age: _____ Race: _____ Gender: _____ Hgt: _____ Wgt: _____ D.L. # _____ Soc. Security # _____

Home Phone :(____) _____ - _____ Cell Phone :(____) _____ - _____ Work Phone :(____) _____ - _____

Vehicle License Plate: _____ State: _____ Year: _____ Make: _____ Model: _____

Color: _____ Style: _____ 2-door; _____ 4-door; _____ SUV; _____ Truck VIN # /Other: _____

Property Stolen

Quantity: _____ Item: _____ Size: _____ Brand: _____ Serial #: _____ Value: \$ _____
Quantity: _____ Item: _____ Size: _____ Brand: _____ Serial #: _____ Value: \$ _____

Gasoline Theft

Regular: ___ Plus: ___ Premium: ___ Diesel: ___ Gallons: ___ Pump #: ___ Price per Gallon: \$ _____ Total Loss: \$ _____

Does your store require customers to pay before pumping gas? Yes: _____ No: _____
Does your store policy require the pumps to remain turned on? Yes: _____ No: _____
Did you see the theft take place? Yes: _____ No: _____
Can you or any other person identify the suspect who stole the gas? Yes: _____ No: _____
Did the suspect attempt to pay for the gas before leaving the scene? Yes: _____ No: _____
Did the suspect make partial payment for the gas before leaving the scene? Yes: _____ No: _____
Did the suspect leave with the understanding they could return and pay for the gas at a later time? Yes: _____ No: _____

Property Damaged

Quantity: _____ Description/How Damaged: _____ Value: \$ _____
Quantity: _____ Description/How Damaged: _____ Value: \$ _____

Do you have an in-store video or any other items of evidence relating to this crime? _____

Describe What Happened

The above is true and correct and happened in McLennan County, Texas. I understand if I give a false report to a Peace Officer or to a Law Enforcement Employee, that I may be prosecuted for this crime under the Texas Penal Code.

Signature of Person Making this Report: _____ Date: _____

Instructions

This form may be completed on certain crimes when the suspect has left the scene. Use additional paper as needed and attach to this report. If you have any questions about completing this form, please call the WPD Records Section at: (254) 750-7650.

Submit this completed offense report within 10 calendar days to: **Waco Police Department**
Attn: Records Section
3115 Pine Avenue
Waco, Texas 76708

Upon review of this case, if further investigation or follow-up is needed, you may be contacted by a WPD detective.