

Notarized Vehicle Theft Affidavit

PERSONAL

1. CUSTOMER'S NAME: _____
2. ADDRESS: _____
3. PHONE NUMBERS: _____
4. DATE OF BIRTH: _____
5. AGE: _____
6. SOCIAL SECURITY #: _____
7. DRIVER'S LICENSE NUMBER: _____ STATE: _____
8. CUSTOMER'S OCCUPATION: _____
9. EMPLOYER: _____
10. EMPLOYERS ADDRESS: _____
11. EMPLOYER'S PHONE: _____
12. EMPLOYED HOW LONG? _____
13. SPOUSE'S NAME: _____
14. SPOUSE'S DATE OF BIRTH: _____
15. NUMBER OF DEPENDENTS + AGES: _____
16. DEPENDENT DRIVERS: _____

VEHICLE

17. NAME OF TITLED OWNER(S): _____
18. ADDRESS: _____
19. PHONE NUMBER: _____
20. DATE OF PURCHASE: _____ NEW OR USED? _____
21. PURCHASE PRICE: _____ METHOD OF PAYMENT: _____
22. FINANCE COMPANY (NAME/ADDRESS): _____
23. BALANCE DUE: _____
24. DATE OF LAST PAYMENT: _____
25. IS THE ACCOUNT PAST DUE? HOW LONG? _____
26. IS THERE A POSSIBILITY THIS VEHICLE WAS REPOSSESSED? _____
27. PURCHASED FROM WHOM (NAME/ADDRESS/PHONE)? _____
28. VIN NUMBER: _____
29. TITLE NUMBER: _____ STATE: _____
30. YEAR: _____ MAKE: _____ MODEL: _____ BODY STYLE: _____
31. COLOR: _____ LICENSE PLATE NUMBER: _____ STATE: _____
32. NUMBER OF VEHICLE KEYS YOU RECEIVED AT TIME OF PURCHASE: _____
33. IS VEHICLE USUALLY GARAGED/STORED? _____
34. IF YES, WHERE (NAME/ADDRESS)? _____
35. IS VEHICLE SECURED WHERE GARAGED/STORED? _____ HOW? _____
36. HAS THIS VEHICLE BEEN OFFERED FOR SALE OR TRADE? _____
37. IF YES, TO WHOM (NAME/ADDRESS): _____
38. WHO PERFORMS ROUTINE MAINTENANCE? _____
39. ADDRESS + PHONE: _____
40. DATE LAST SERVICED: _____ FOR WHAT? _____
41. HAS THE VEHICLE BEEN DAMAGED/STOLEN IN THE LAST 3 YEARS? _____ WHEN? _____
42. IF YES, WERE REPAIRS MADE? _____
43. BY WHO (NAME/ADDRESS)? _____
44. WHAT REPAIRS WERE MADE? _____
45. INSURANCE COMPANY WHO PAID DAMAGE CLAIM: _____
46. ADDRESS AND PHONE: _____

47. SPECIFIC MILEAGE ON YOUR VEHICLE AT THE TIME OF THEFT: _____
48. LIST ANY MARKS, DENTS, SCRATCHES OR CRACKED GLASS AT THE TIME OF THEFT: _____
49. EQUIPMENT ON THE VEHICLE AT THE TIME OF THEFT: _____
- _____
- _____
- _____

OCCURRENCE

50. WHO WAS USING THE VEHICLE PRIOR TO THE THEFT (NAME/ADDRESS/PHONE)? _____
51. THEIR DRIVERS LICENSE NUMBER: _____ STATE: _____
52. SPECIFIC LOCATION FROM WHICH THE VEHICLE WAS TAKEN: _____
53. REASON VEHICLE WAS LEFT AT THIS LOCATION: _____
54. DATE VEHICLE LEFT AT THIS LOCATION: _____ TIME: _____
55. WHEN VEHICLE WAS LAST OBSERVED? _____ TIME: _____
56. WHO OBSERVED IT LAST (NAME/ADDRESS/PHONE)? _____
57. DATE VEHICLE WAS DISCOVERED MISSING: _____ TIME: _____
58. PERSON WHO DISCOVERED THE THEFT (NAME/ADDRESS/PHONE): _____
59. DATE THEFT WAS REPORTED TO THE POLICE: _____ TIME: _____
60. BY WHOM (NAME/ADDRESS/PHONE)? _____
61. POLICE DEPT. NOTIFIED: _____
62. POLICE OFFICER AND REPORT NUMBER: _____
63. NAME/ADDRESS/PHONE OF OTHER PERSON(S) PRESENT WHEN VEHICLE WAS TAKEN: _____
64. WERE THE VEHICLE DOORS LOCKED? _____
65. WERE THE KEYS LEFT IN THE VEHICLE? _____
66. NUMBER OF KEYS YOU CURRENTLY HAVE TO THE VEHICLE: _____
67. WHO HAS POSSESSION OF THEM? _____
68. WAS VEHICLE EQUIPPED WITH AN ALARM OR THEFT DEVICE? _____
69. IF YES, LIST MAKE, MODEL, MANUFACTURER: _____
70. WAS ALARM ACTIVATED AT TIME OF THEFT? _____
71. WERE THERE ANY PERSONAL ITEMS IN CAR WHEN STOLEN? _____
72. IF YES, WHAT? _____
73. HOW DID THE USER(S) OF THE VEHICLE GET HOME AFTER THE THEFT? _____

74. DESCRIBE IN DETAIL THE MOVEMENTS OF THE VEHICLE DURING THE 24 HOUR PERIOD BEFORE IT WAS DISCOVERED MISSING: _____

OTHER INFORMATION

75. HAS THE VEHICLE BEEN RECOVERED? _____
76. WHERE AND BY WHOM? _____
77. EXPLAIN RECOVERY INFORMATION IN DETAIL: _____
- _____
- _____

78. CONDITION OF VEHICLE IF RECOVERED: _____
 79. POLICE DEPT., REPORT #, OFFICER: _____
 80. DID THE POLICE MAKE ANY ARRESTS? _____
 81. ARE THERE ANY SUSPECTS? _____
 82. LIST PREVIOUS THEFT LOSSES: _____
 83. COVERED BY INSURANCE? _____
 84. IF YES, WHO? AGENT? POLICY NUMBER? _____
 85. YEAR, MAKE + MODEL OF STOLEN VEHICLE(S): _____

 86. RECOVERED? WHEN? _____
 87. REPORTED TO THE POLICE? WHICH ONE? REPORT NUMBER: _____
 88. HAS ANY VEHICLE YOU PREVIOUSLY OWNED BEEN REPOSSESSED? _____
 89. IF YES, WHEN? _____

DATE COMPLETED:
 TIME COMPLETED:

By: _____ Date: _____
 Print Name: _____

STATE OF _____
 COUNTY OF _____

The foregoing instrument was acknowledged before me the ____ day of _____, 20____,
 By _____, who is personally known to me or () produced a
 _____ as identification and who states he/she is duly authorized to
 execute said instrument.

Notary public, State of _____
 Signature of Notary: _____
 Printed Name of Notary: _____
 My Commission Expires: _____