AFFIDAVIT OF THEFT REPORT

WASATCH COUNTY ATTORNEY

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Nature of Complaint	Date and Time Reported	Case Number	
Address of Occurrence	Date and Time Occurred	Day of Week	
Complainant	Address (Residence	Res. Phone	
Victim (Business)	Address	Bus. Phone	
Victim (person) Sex Age	Address	Res. Phone	
	STOLEN PROPERTY		
Value of Stolen Property Total \$			
Description of Stolen Property (including Serial No, ID, Mark	(s):		
	STOLEN VEHICLE		
Value of Stolen Vehicle Total \$	Value of Property in	Stolen Vehicle \$	
Description of Property in Stolen Vehicle:	<u> </u>		

License No.	State	Year	Color	Vehicle Make	Model	Body Style			
Vin No.		Vehicle Locked ()Yes ()No		Keys in Car Insurance Company ()Yes ()No					
Register Owner:			A	Address:					
Lien Holder:				Address:					
Remarks or Other	Information:								
		CALITI	ON: DEAD BE	FORE SIGNING					
		CAOTI	JN. KLAD BI	FORE SIGNING					
76-8-504.5 U.C.A – FALSE STATEMENTS. YOU ARE NOTIFIED THAT STATEMENTS YOU ARE ABOUT TO MAKE MAY BE PRESENTED TO A MAGISTRATE OR A JUDGE IN LIEU OF YOUR SWORN TESTIMONY AT A									
PRELIMINARY EXAMINATION. ANY FALSE STATEMENT YOU MAKE AND THAT YOU DO NOT BELIEVE TO BE TRUE MAY SUBJECT YOU TO CRIMINAL PUNISHMENT AS A CLASS A MISDEMEANOR.									
TO BE TRUE	WAT SOBJEC	i 100 10 CKIIVII	NAL PONISH	IVILIVI AS A CLASS	A WIISDLIVILA	NOR.			
				EAD THE FOREGOI					
• • • • • • • • • • • • • • • • • • • •		•		D PROPERTY AND/C BEST OF MY BELIE					
				RESTED FOR THEFT					
(8)	2 \								
(Signature –	· Owner)		Addre	SS	Teleph	one			
(Signature –	· Agent)		Addre	ss	Teleph	one			

Witness (Officer Taking Report)

Time and Date