



VICTORIA POLICE

PETROL DRIVE OFF OPERATOR REPORT

Operator Details (Must have witnessed the incident)									
First name		Last name			DOB				
Address					Phone				
Service Station Details (Where incident happened)									
Trading name						Phone			
Location address									
Owners name						Phone			
Details of the Fuel taken									
Type (circle)	Unleaded		Premium	LPG	Diesel	LPR	Other		
Pump Nbr	Value \$		Amount		Litres				
Describe the Vehicle involved									
Rego		Make		Model		Colour			
Body type		Year		Any other distinguishing features (insert below)					
Describe the person/s involved									
Sex	Age	Ethnic appearance	Seat Pos ⁿ	Height	Build	Hair colour	Clothing description	Other features	
Describe what happened									
Day (circle)	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday		
Incident date			/ 20		Incident time		am / pm		
Details of initial report to police by operator									
Name		Rank			Number				
Station					Date				
CCTV Details (Must be copied and provided to police in ALL cases)									
CCTV has been copied?							Yes / No		
Name of person who copied the CCTV									
Do police need special software to view the CCTV footage							Yes / No		
Copy of receipt of sale (voided) printed							Yes / No		
CCTV collected?		Yes / No	By member		Date & time		/ /20 at		
POLICE STATION USE ONLY									
LEAP Incident Number				Investigators Reg number:					
IR ref (if civil matter):				Members submitting nbr:					
CCTV Register number:									
PALM or Property number:									
Date received by police:				Receiving members Reg Nbr: _____					

I hereby acknowledge that this statement is true and correct and I make it in the belief that a person making a false statement in the circumstances is liable to the penalties of perjury.

[Do NOT sign unless police member can witness your signature]

Rank _____ at _____ am/pm. / / at _____ number

Acknowledgement made and signature witnessed by me