



# GREATER SUDBURY POLICE SERVICE

## THEFT OF GAS OCCURRENCE REPORT

Reporting institutions are required to fill-in all areas printed in blue.  
Submit completed document, along with DVD and Purchase Receipt, to the

COMMUNITY INFORMATION OFFICER UNIT,  
GREATER SUDBURY POLICE SERVICE, 190 Brady Street, Sudbury.

Inquiries should be directed to the CIO Unit at 675-9171 ext. 6253 or 6254.

**EVERYONE WHO, WITH INTENT TO MISLEAD, PROVIDES FALSE INFORMATION, IS PUNISHABLE UNDER SECTION 140 OF THE CRIMINAL CODE.**

ADMINISTRATIVE AREA	
Date submitted to police	
Occurrence No.	
Type of Occurrence	<i>Theft of Gas</i>

REPORTING INSTITUTION INFORMATION:		
Occurrence Date		
Occurrence Time		
Occurrence Address		
Address Type	<i>Gas Station</i>	
Report Type	<i>General Occurrence Report</i>	
Reporting Business Details	Classification: <i>Other</i>	
	Gas Station Name:	
	Address Type: <i>Business</i>	
	Address details:	
	Telephone No:	
Reporting Employee Details (person filling in this form)	Classification: <i>Reporter / Other</i>	
	Surname:	
	Given name:	
	Sex: <i>M / F</i>	Date of Birth:
	Employer:	
	Address Type: <i>Business OR Residence</i> (select one)	
	Address details:	
	City:	Postal code:
	Telephone number: (1)	Telephone number: (2)
Involved Employee Details (witness to the offence - if different from Reporting Employee)	Classification: <i>Witness / Other</i>	
	Surname:	
	Given name:	
	Sex: <i>M / F</i>	Date of Birth:
	Employer:	
	Address Type: <i>Business OR Residence</i> (select one)	
	Address details:	
	City:	Postal code:
	Telephone number: (1)	Telephone number: (2)
Surveillance images (DVD – digital video disc)	Available: <i>Y / N</i>	Submitted to police: <i>Y / N</i>
	Image quality: <i>good / poor</i>	Image imprint time:
Gas Details	Number of litres:	Value: \$
	Pump number:	Receipt printed: <i>Y / N</i>

<b>SUSPECT INFORMATION</b> (Supported by eye-witness information and/or surveillance images.)				
<b>Suspect Details</b>  <i>Provide information indicated or select option provided.</i>	Classification: <i>suspect</i>			
	Surname: <b>unknown</b> <input type="checkbox"/>			
	Given name: <b>unknown</b> <input type="checkbox"/>			
	Sex: <i>M / F</i>   Age: (approx.)			
	<b>Description:</b> <i>select options below or indicate unknown</i> <input type="checkbox"/>			
	Height: (approx.)   Weight: (approx.)			
	<i>Thin</i>   <i>Medium</i>   <i>Heavy</i>   <i>Muscular</i>   <i>Athletic</i>   <i>Obese</i>			
	<b>Race:</b> <i>select options below or indicate unknown</i> <input type="checkbox"/>			
	<i>White</i>   <i>Aboriginal</i>   <i>Black</i>   <i>Hispanic</i>   <i>Asian</i>   <i>E.Indian</i>			
	<b>Complexion:</b> <i>select options below or indicate unknown</i> <input type="checkbox"/>			
	<i>Dark</i>   <i>Medium</i>   <i>Light</i>   <i>Ruddy</i>   <i>Sallow</i>   <i>Albino</i>			
	<b>Facial Skin:</b> <i>select options below or indicate unknown</i> <input type="checkbox"/>			
	<i>Pimples/pockmarked</i>   <i>Freckled</i>   <i>Moles</i>			
	Hair colour:   Second hair colour:			
	<b>Hair Style:</b> <i>select options below or indicate unknown</i> <input type="checkbox"/>			
	<i>Afro</i>   <i>Bushy</i>   <i>Braided</i>   <i>Curly</i>   <i>Dreadlocks</i>			
	<i>Mohawk</i>   <i>Ponytail</i>   <i>Punk</i>   <i>Rat tail</i>   <i>Spiked</i>			
	<i>Straight</i>   <i>Unkempt</i>   <i>Wavy</i>			
	Facial hair color:			
	<b>Beard Style:</b> <i>select options below or indicate unknown</i> <input type="checkbox"/>			
	<i>None</i>   <i>Unshaven</i>   <i>Full</i>			
	<i>Partial</i>   <i>Scraggly</i>   <i>Goatee</i>			
	<b>Moustache Style:</b> <i>select options below or indicate unknown</i> <input type="checkbox"/>			
	<i>None</i>   <i>Unshaven</i>   <i>Thin</i>			
	<i>Medium</i>   <i>Thick</i>   <i>Fumanchu</i>			
	Eye Colour:			
	<b>Marks:</b> <i>select options below or indicate unknown</i> <input type="checkbox"/>			
	<i>Pierced</i>   <i>Tattoos</i>   <i>Scar / burn scar</i>			
	<i>Birthmark</i>   <i>Wart</i>   <i>mole</i>			
	Exact location:   Size:			
Description of mark:				
Clothing Description:				
Details of any conversation with suspect				
Unusual suspect actions before, during or after pumping gas				
<b>Vehicle details</b>	<b>License # :</b>   <i>Front: Y / N</i>   <i>Rear: Y / R</i>			
	<b>Province:</b>			
	<b>Plate Type:</b> <i>Dealer, Trailer, ATV, Motorcycle, Passenger, Truck, Van, Snowmobile, other</i> (circle one)			
	<b>Vehicle Classification:</b> <i>Crime</i>			
	<b>Vehicle Type:</b> (circle relevant description options below)			
	<b>Description:</b> <i>Automobile</i> 2-door; 4-door; sports car; S.U.V.	<b>Description:</b> <i>Truck / Van</i> Pickup truck; mini van; other van	<b>Description:</b> <i>All Terrain</i> ATV > 3,4,6 or 8 wheel; dune buggy; Motorcycle; snowmobile	
	<b>Make:</b>	<b>Model:</b>	<b>Year:</b>	<b>Color:</b>

**SUBMISSIONS MUST INCLUDE SUFFICIENT INFORMATION TO SUPPORT CRIMINAL CHARGES.**

**ALL WITNESSES WILL BE SUMMONSED FOR COURT PROCEEDINGS.**