



Drive Off Report Form

Associate of the Motor Trades Association of Queensland

Date: _____ Time: _____ Place: _____

Rego No: _____ State: _____ Make: _____

Model: _____ Colour: _____ No of Occupants: _____

Other Identifying Features - Vehicle/Accessories: _____

Direction of Travel: _____

Description of driver/occupants (Identifying features e.g. height/hair/clothing/footwear): _____

Circumstances surrounding drive off: _____

CCTV Record or other I.D.: _____

Bowser No: _____ Fuel Type: _____ Litres: _____ Cost: _____

- Desired Action:
- Police to locate and charge offender
 - Police to contact registered owner to seek payment
 - Other: _____

Attendants Details

Name: _____

Address: _____

Date of Birth: _____

Phone Number: _____

Signature: _____

POLICELINK REPORT 131 444
Date: _____
Time: _____
Policelink Crime No: _____