

EQUIPMENT THEFT NOTICE

E-mail Completed Form To:
SHeidel@ftba.com

Florida Transportation Builders' Association, Inc.

1007 E. DeSoto Park Drive
Tallahassee, FL 32301

Date: _____

Type of Equipment Stolen: _____

Priority: Critical Urgent Routine

Contact Name: _____

Telephone : _____

Company/Owner Name: _____

Address: _____

Law Enforcement Agency Reported To: _____ Case # _____

Contact Name: _____ Telephone: _____

Date Of Loss: _____ Time of Loss: _____ AM or PM

(Or between Date/Time): _____

Location of Loss: _____

Vehicle Make/Model: _____ Number of Axles: _____

Year & Color: _____ VIN #: _____

Style (Cab-over, straight, sleeper, flatbed, etc.): _____

Vehicle License Plate #: _____ Value of Equipment: \$ _____

Company Vehicle ID Numbers (Include Location): _____

Other Special Markings or Features: _____

Description of Cargo & Approx Value: _____

Engine make, size, & serial #: _____

Transmission make, model (# of gears) and serial #: _____

Additional Information (suspect if known): _____
