

# VEHICLE IMPOUNDMENT REPORT

## PART I - IDENTIFICATION

**1. VEHICLE IDENTIFICATION**

a. MAKE	b. MODEL	c. YEAR	d. COLOR	e. VEHICLE IDENTIFICATION NO.
f. VEHICLE LICENSE (1) NUMBER	(2) STATE	(3) YEAR	g. MILEAGE	h. DECAL NO.

**2. REGISTERED OWNER**

a. NAME (Last, First, Middle Initial)

b. ADDRESS (Street, Apartment Number, City, State and ZIP Code)

c. ORGANIZATION

d. TELEPHONE NUMBER  
*(Include Area Code)*

**3. VEHICLE OPERATOR**

a. NAME (Last, First, Middle Initial)

b. ADDRESS (Street, Apartment Number, City, State and ZIP Code)

c. ORGANIZATION

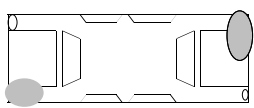
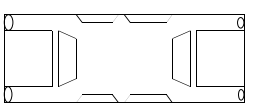
d. TELEPHONE NUMBER  
*(Include Area Code)*

## PART II - DESCRIPTION

**4. REASON FOR IMPOUNDMENT** *(X all that apply)*

<input type="checkbox"/> ACCIDENT	<input type="checkbox"/> ABANDONED
<input type="checkbox"/> BURNED	<input type="checkbox"/> ILLEGALLY PARKED
<input type="checkbox"/> DWI	<input type="checkbox"/> STOLEN
<input type="checkbox"/> OTHER (Specify)	

**5. DAMAGE TO VEHICLE**

EXAMPLE 	a. SHADE DAMAGED AREA OF VEHICLE FRONT 
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**6. CONDITION OF VEHICLE WHEN IMPOUNDED** *(X all that apply)*

<input type="checkbox"/> DOOR LOCKED	<input type="checkbox"/> DOOR UNLOCKED
<input type="checkbox"/> TRUNK LOCKED	<input type="checkbox"/> TRUNK UNLOCKED
<input type="checkbox"/> KEYS IN CAR	<input type="checkbox"/> KEYS MISSING
<input type="checkbox"/> OTHER (Specify)	

**b. X ALL THAT APPLY**

Intact	Missing		Intact	Missing	
<input type="checkbox"/>	<input type="checkbox"/>	ENGINE	<input type="checkbox"/>	<input type="checkbox"/>	BATTERY
<input type="checkbox"/>	<input type="checkbox"/>	MIRROR(S)	<input type="checkbox"/>	<input type="checkbox"/>	JACK
<input type="checkbox"/>	<input type="checkbox"/>	LUG WRENCH	<input type="checkbox"/>	<input type="checkbox"/>	RADIO
<input type="checkbox"/>	<input type="checkbox"/>	TAPE DECK	<input type="checkbox"/>	<input type="checkbox"/>	SPARE WHEEL/TIRE
<input type="checkbox"/>	<input type="checkbox"/>	LR WHEEL/TIRE	<input type="checkbox"/>	<input type="checkbox"/>	RR WHEEL/TIRE
<input type="checkbox"/>	<input type="checkbox"/>	RFWHEEL/TIRE	<input type="checkbox"/>	<input type="checkbox"/>	LF WHEEL/TIRE
<input type="checkbox"/>	<input type="checkbox"/>	WHEEL COVERS	<input type="checkbox"/>	<input type="checkbox"/>	CB RADIO

**7. LOCATION OF VEHICLE**
**8. CONDITION OF VEHICLE** *(Attach additional pages if more space is needed.)*
**9. PERSONAL PROPERTY CONTAINED IN VEHICLE** *(Attach additional pages if more space is needed.)*
**10. REMARKS** *(Attach additional pages if more space is needed.)*

## PART III - DISPOSITION

11. DATE IMPOUNDED (YYYYMMDD)	12. TIME IMPOUNDED	13. REPORTED BY			
14. TOWED AT		a. NAME (Last, First, Middle Initial)		b. RANK	
		c. DATE			
15. STORED AT		d. ORGANIZATION		e. SIGNATURE	
16. WITNESSED BY			17. RELEASED BY		
a. NAME (Last, First, Middle Initial)	b. RANK	c. DATE	a. NAME (Last, First, Middle Initial)	b. RANK	c. DATE
d. ORGANIZATION	e. SIGNATURE		d. ORGANIZATION	e. SIGNATURE	