

COLUMBIA FALLS POLICE DEPARTMENT
130 6TH STREET WEST
COLUMBIA FALLS, MT 59912
(406) 892-3234

NAME:			DOB:		AGE:	
	FIRST	INITIAL				
ADDRESS:		CITY	STATE	PHONE:		<i>P</i>
LIEN HOLDER:					STATE:	
TIME OF THEFT:						
POSSIBLE SUSPECTS:			_ VEHICLE LO	OCKED:	KEYS IN VEHICLE:	
AMOUNT OF GAS:	STER	EO IN VEHICLE: _	IF YES, V	VHAT KIND:		
OTHER VALUABLES:						
VEHICLE INFORMATIO	ON: VYR	VMA	_ VMO	VST	LIC	202,2
LIY VIN			_		-	
REMARKS:						
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I, THE UNDERSIGNED, I FURTHER CERTIFY TH DEPARTMENT FOR ASS INDIVIDUAL RESPONSI ABOVE NAMED VEHIC	AT I HAVE REPO SISTANCE IN RE- IBLE FOR ANY C	ORTED THE THEFT COVERY OF THE V	OF MY VEHICI EHICLE AND W	LE TO THE COLU ILL NOT HOLD S	JMBIA FALLS POLICE SUCH AGENCY OR	
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