

**DRIVE OFF / NO MEANS OF PAYMENT
INCIDENT REPORT FORM**
(Please complete in block capitals)
PART A



PLEASE COMPLETE ALL RELEVANT SECTIONS IN PART A AND PART B

This document (consisting of two pages each signed by me) is required for auditable purposes and is created during the course of the business. The information supplied is true to the best of my knowledge and belief. If tendered in evidence, I know I am liable to prosecution if I have wilfully stated anything that I know to be false or do not believe to be true.

Signature Print name Job Title..... Date.....

Type of Incident:

Drive Off (complete sections 1 and 2 only)

No Means to Pay (complete sections 1 and 3 only)

Section 1 (must be completed)

Date of Incident:

Time of Incident (24hr) :

Name of Forecourt:

Address of Forecourt:

Postcode:

Tel No:

Name of Person Reporting:

Address of Person Reporting:

Postcode:

Tel No:

Name of Cashier on Duty:

DoB:

Shift Worked:

Address of Cashier:

Fuel Type Dispensed:

Quantity in Litres:

Value (£):

Pump No:

Who refuelled? Driver Front Passenger Rear Passenger

Nozzle replaced? Yes No

CCTV image captured? Yes No

Description of Person Refuelling

Approx Height:

Approx Age:

IC Type (e.g. IC1):

Gender (M/F):

Build (e.g. Slim):

Dress (e.g. Casual):

Any distinguishing features:

CCTV image captured? Yes No

Image retained? Yes No

The details in this report are true to the best of my knowledge and belief (**SIGNATURE OF PERSON REPORTING**)

Signature Print name Job Title..... Date.....

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PART B



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Section 2 (complete for Drive Off incident only)

Registration No.	Colour
Make	Model
Any distinguishing vehicle details (specify below)	No. of Occupants
Describe what happened and confirm if CCTV reviewed. Include details of suspicious actions and details of any witnesses.	

Section 3 (complete for No Means to Pay incident only)

Title (Mr/Mrs/Miss/Ms):	Family Name:
Forenames:	
Address:	
Postcode:	Date of Birth:
Contact Number:	NI Number:
Employer:	
Employment Address:	
Postcode:	Position:
Proof of ID seen <input type="checkbox"/> Passport <input type="checkbox"/> Driving Licence <input type="checkbox"/> Utility Bill <input type="checkbox"/> No proof <input type="checkbox"/> Other:	

The details in this report are true to the best of my knowledge and belief (**SIGNATURE OF PERSON REPORTING**)

Signature Print name Job Title..... Date.....

COMPULSORY SIGN OFF BY MANAGER

I have read all parts of this report and have provided additional information where necessary. I confirm that **REQUIREMENT TO PAY** signs are prominently displayed and that details in this report are true to the best of my knowledge and belief.

Signature Print name Job Title..... Date.....