

MEMO

To: All Members

From: Bob Burleson

Re: ***EQUIPMENT THEFT REPORTING***

The Florida Department of Law Enforcement has developed an EQUIPMENT THEFT REPORT form along with an EQUIPMENT THEFT RECOVERY form for use by FTBA members. FTBA will broadcast fax the forms to law enforcement contacts statewide who will participate with FDLE in this effort to reduce equipment theft.

If you have a theft do the following as quickly as possible:

- 1) Contact local law enforcement.
You *MUST* obtain a case number from local law enforcement.
- 2) Fax the form to FTBA and be sure to provide data as complete as possible. Be sure to include the case number. *NO* action can be taken without the case number
- 3) If you discover the theft over the weekend you may fax to me at home and I'll send to the appropriate people. My home fax number is (850) 386-6750.

Feel free to copy this report to use when needed.

If you have any questions on the theft report forms please give us a call.

**FLORIDA TRANSPORTATION BUILDERS'
ASSOCIATION, INC.
Post Office Box 1208
Tallahassee, Florida 32302
Phone: (850) 942-1404 Fax: (850) 942-5632**

EQUIPMENT THEFT NOTICE

FAX or E-mail Completed Form To:
**Florida Transportation
Builders' Association, Inc.**

P.O. Box 1208
Tallahassee, FL 32302
Fax: 850-942-5632
E-mail: news@ftba.com

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/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): _____

EQUIPMENT RECOVERY NOTICE

FAX or E-mail Completed Form To:
**Florida Transportation
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P.O. Box 1208
Tallahassee, FL 32302
Fax: 850-942-5632
E-mail: news@ftba.com

Date: _____

Type of Equipment Stolen: _____

Priority: () Critical () Urgent () Routine ()

Contact Name: _____

Telephone : _____

Company/Owner Name: _____

Address: _____

THEFT INFORMATION

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

Law Enforcement Agency Reported To: _____ Case #: _____

Vehicle Make/Model: _____

Vehicle License Plate #: _____ VIN #: _____

RECOVERY INFORMATION

Date of Recovery: _____

Location of Recovery: _____

Recovered by: _____

Agency Name: _____ Telephone #: _____

Details: _____

Cargo recovered?: Yes _____ No _____ Loss: \$ _____

Insurance Claim Paid: Yes _____ No _____

Ins. Company Name: _____

Telephone #: _____ Claim #: _____

Was recovery related to fax-alert notification? Yes _____ No _____

Additional Information: (suspect if known): _____

