



# San Diego Police Department

## Embezzled Vehicle Reporting Requirements

The following documents are **REQUIRED** before a stolen / embezzled report can be taken:

A Legible copy of the original **SIGNED** rental contract that includes the renter's full name, address, telephone number, drivers license number and state, rental and scheduled return date, total amount paid at the time of rental and how original payment was made;

A Legible copy of the demand letter requiring the exact location of the vehicle be disclosed;

A **Copy** of the **returned** sealed certified envelope or **signed receipt of delivery**;

Renting agent's name, home address, SSN or drivers license number and state, date of birth, home and work phone numbers;

Written documentation indicating what your company has done to recover the vehicle. Include each involved employee's name, home address, SSN or drivers license number and state, date of birth, home and work phone numbers;

Document any and all extensions to the original contract whether made verbally or in writing. All documentation must include the date the extension was requested and/or granted along with the date the vehicle was to be returned, the person requesting the extension, the person granting the extension and the reason given for the extension (if any). Document all conversations with the suspect. **Do not make any offers to extend the contract if additional fees are paid.**

**All notes will be typed, dated and organized.**

Document all payments applied to the contract and indicate whether the payment was in cash, credit or debit card, electronic transfer or check.

Complete a two page Vehicle Embezzlement Addendum Report.

After all the listed documents and information are obtained, contact the San Diego Police Department Auto Theft Unit at 619-533-5710 to schedule an appointment.

■ ■ NOTE: ■ ■

Providing information during a police investigation that is false or misleading is a crime under California Penal Code sections 148.5 and 148(a)(1)

# San Diego Police Department Vehicle Embezzlement Addendum

Renting Agency:		Case Number
Renting Address, City, State:		
Day Phone Number:	Night Phone Number:	
Name of Person Completing This Form:		Drivers License Number & State:

## Embezzled Vehicle Information

License Number	<input type="checkbox"/> One <input type="checkbox"/> Two	State	Registration Expires:	Vehicle Identification Number (VIN)															
Year:	Make:	Model:	Body Type:	Color Combination:	Approximate Value:														

CURRENT / REGISTERED OWNER As Shown On The Registration Card				LEGAL OWNER As Shown On The Registration Card			
Name (Last, First, Middle):				Name (Last, First, Middle):			
Street Address			Apt / Suite #	Street Address			Apt / Suite #
City:	State:	Zip:		City:	State:	Zip:	

## Rental / Renter Information

Renter's Name (Last, First, Middle):			Drivers License Number & State:				
Street Address			Apt / Suite #				
City:		State:	Zip:	City:		State:	Zip:
Home Phone Number:		Work Phone Number		Cell Number			
Rental Date:	Scheduled Return Date:	Any Contract Extensions:	Contracted Extended By Whom:		Agreed Upon Return Date:		
How Was The Rental Paid For?	If By Credit Card, Which One?	Credit Card Number:	In The Name Of:				
When Was The Last Time Funds Were Accepted For The Rental?		When Was The Last Time The Credit Card Account Was Accessed and What Was The Result?					
Renting Agent's Name ( Last, First, Middle )		Home Address		City, State, Zip			
Renting Agent's Driver's License #	State:	Home Phone Number:		Date Of Birth:			

## Additional Driver's on the Rental Contract

Use Additional Paper If Necessary

Additional Renter's Name ( Last, First, Middle )		Home Address		City, State, Zip		
Home Phone Number:	Work Phone Number & Extension		Cell Number	Drivers License Number & State		

## Additional Information

Demand Letter Sent?	Date Sent:	Sent To Whom?	Address:
Demand Letter Was?			
<input type="checkbox"/> Signed for, Receipt Received	<input type="checkbox"/> Nothing Returned From the Post Office	<input type="checkbox"/> Returned Unopened, Marked _____	

All information requested on this form MUST be filled in. If a particular box is not applicable, write N/A in the box. If any information is incomplete, the entire package will be returned and another appointment will be scheduled. BRING LEGIBLE COPIES OF ALL REQUESTED DOCUMENTATION FOR THE DETECTIVE. You will retain the originals.  
Call 619-533-5710 to schedule an appointment

