

# VEHICLE/TOW SUPPLEMENT

<b>V.I.U. NO.</b> 9745	<b>TOW CALLED</b> 0810	<b>TOW ARRIVED</b>	<b>TOW CLEARED</b> 0920	<b>RMS NUMBER</b> 2022-151034
---------------------------	------------------------	--------------------	-------------------------	----------------------------------

VEHICLE	NO.	LICENSE	STATE	TYPE	STICKER	MO/YR
	1	HPD6862	OH	P/C		
<b>VIN</b>	<b>YR</b>	<b>MAKE</b>	<b>MODEL</b>	<b>STYLE</b>	<b>COLOR (L)</b>	<b>INTERIOR</b>
1FADP3F206L280735	2016	FORD	FOCUS	SEDAN/4DR	TOP TAN	BOTTOM TAN
<b>ADDITIONAL DESCRIPTION</b>						<b>VALUE</b>

AT TIME OF THEFT - VEHICLE EQUIPPED WITH  
 RADIO  CASSETTE  CD  SPARE  PROPERTY ORIGINAL:  ENGINE  VIN  TRANS.

<b>INSURANCE CO.</b>	<b>VEHICLE ASSOC. WITH SUSPECT #</b>	<b>VEHICLE ASSOC. WITH VICTIM #</b>	<b>OWNERSHIP VERIFIED BY</b> <input type="checkbox"/> RECEIPT <input type="checkbox"/> TITLE <input type="checkbox"/> CCC #
----------------------	--------------------------------------	-------------------------------------	--

<b>LISTED OWNER BY PLATE</b> ROBERT WILLIAMS	<b>ADDRESS (NO. STREET, APT., CITY, STATE, ZIP)</b> 3905 E 123 ST DAWN, CLEVELAND, OHIO	<b>PHONE</b> (216) 860-3758
---	--	--------------------------------

**LISTED OWNER BY** IF DIFFERENT THAN PLATE **ADDRESS (NO. STREET, APT., CITY, STATE, ZIP)**

**OPERATOR** IF DIFFERENT THAN OWNER **ADDRESS (NO. STREET, APT., CITY, STATE, ZIP)** **PHONE** ( )

<b>OWNER HAS</b> <input type="checkbox"/> KEYS <input type="checkbox"/> TITLE <input type="checkbox"/> REGISTRATION	<b>OWNER NOTIFIED OF TOW</b>	<b>DATE</b>	<b>TIME</b>	<b>HOW (O)</b>
---	------------------------------	-------------	-------------	----------------

<b>TOW INFORMATION</b> IF CRIME INVOLVED AND VEHICLE TURNED OVER TO OWNER ON SCENE, COMPLETE VEHICLE SECTION OF THE CRIME REPORT AND LIST DAMAGE/STOLEN PARTS IN THE PROPERTY SECTION. LIST ANY OTHER INFORMATION IN THE NARRATIVE.	<b>COMPUTER CHK</b> 1235 <b>TERM NO.</b> 438
---	--

<b>LOCATION OF AUTO</b> BUCKEYE RD/MCCURRY AVE	<b>TYPE PLACE (A)</b>	<b>AREA</b> 4	<b>SECTION</b> 2
---	-----------------------	---------------	------------------

<b>HOW STOLEN</b> 1 MOTOR RUNNING KEYS IN CAR <input type="checkbox"/> 02 UNLOCKED	<input type="checkbox"/> 03 DUPLICATE KEY USED	<input type="checkbox"/> 05 TOWED	<input type="checkbox"/> 07 SLIM JIM COAT HANGER	<input type="checkbox"/> 09 COLUMN PEELED	<b>RECOVERY CONDITION</b> <input type="checkbox"/> GOOD <input type="checkbox"/> BURNED <input type="checkbox"/> STRIPPED (LIST IN NARR.)
--	--	-----------------------------------	--	---	--

<b>REQUIRES</b> <input type="checkbox"/> DOLLY <input type="checkbox"/> WHEELS <input type="checkbox"/> FLAT BED <input type="checkbox"/> LINK DISC	<b>VEHICLE PARTS</b> <input type="checkbox"/> BATTERY <input type="checkbox"/> A/C <input type="checkbox"/> RADIO <input type="checkbox"/> TAPE <input type="checkbox"/> CD <input type="checkbox"/> KEYS <input type="checkbox"/> TRANS	<b>OK TO RELEASE VEHICLE</b> <input type="checkbox"/> Y OK RELEASE <input type="checkbox"/> N CONTENTS <input type="checkbox"/> N
---	--	---

<b>NO. WHEEL COVERS</b> 4	<b>NO. WHEELS/TIRES</b> 4	<input type="checkbox"/> VEHICLE LOCKED <input type="checkbox"/> GLOVE BOX LOCKED	<b>TOW HOOKUP</b> <input type="checkbox"/> FRONT <input type="checkbox"/> REAR
---------------------------	---------------------------	---	--

<b>DAMAGE AT TIME OF TOW: FRONT</b> HEAVY DAMAGE	<b>REAR</b> SKD	<b>LEFT</b> MEDIUM DAMAGE	<b>RIGHT</b> SKD
---	--------------------	------------------------------	---------------------

<b>DAMAGE OF TIME OF TOW: INTERIOR</b>	<b>WINDOWS</b>
--	----------------

**PROPERTY INVENTORY PASSENGER COMP.**  
UNABLE TO ACCESS

<b>PROPERTY INVENTORY: TRUNK</b> UNABLE TO ACCESS	<b>GLOVE BOX</b> UNABLE TO ACCESS
--	--------------------------------------

<b>REASON FOR TOW</b> <input type="checkbox"/> PARKING <input type="checkbox"/> ACCIDENT <input type="checkbox"/> ARREST <input type="checkbox"/> HIT-SKIP <input type="checkbox"/> HOLD AS EVIDENCE <input type="checkbox"/> JUNK <input type="checkbox"/> PRIVATE PROPERTY <input type="checkbox"/> STOLEN <input type="checkbox"/> SUSPECTED STOLEN <input type="checkbox"/> PROCESS <input type="checkbox"/> IMPROPER REGISTRATION <input type="checkbox"/> SAFEKEEPING
---

**TICKET NO.** \_\_\_\_\_ **VIOLATION AND NO.** \_\_\_\_\_

<b>OFFICER REQUESTING TOW</b> MANOZAK	<b>BADGE</b> M2183	<b>CAR</b> 4B33	<b>DATE</b> 05/30/22	<b>TIME</b>
--	-----------------------	--------------------	-------------------------	-------------

<b>TOWING AGENCY</b> ECKES	<b>CPD LOT #</b> 2	<b>ADDRESS</b>
-------------------------------	-----------------------	----------------

**CERTIFICATION:** I hereby certify that the information in this form has been dilligently reviewed and that this information accurately reflects the entification and condition of the motor vehicle listed above and that the receipt of this vehicle and the above listed property is hereby acknowledged.

<b>TOW TRUCK DRIVER</b> JB	<b>DATE</b>	<b>TIME</b>
-------------------------------	-------------	-------------