



EQUIPMENT THEFT ALERT

To report an ALERT, fax this form to 916.922.4242 or mail to CRA.

For more information or blank forms, call 800.272.7400 or 916.922.4222 - Email: info@craonthenet.org - Fax: 916.922.4242

*Reporting member firm has accepted full responsibility for the accuracy of all information contained in this report.
No Alert will be accepted without a case number and a signature of the person filing the Alert.*

1. INDICATE TYPE OF THEFT AND APPROPRIATE INFORMATION. (Type or print information clearly.)

Equipment Conversion Date of Rental: _____ Date of Loss: _____

SUSPECT: Name on contract _____

Address given: _____ Phone : _____

City: _____ County: _____ State: _____

Ht.: _____ Wt: _____ Sex: _____ D.O.B. _____ Hair: _____ Eyes: _____ Race: _____

ID GIVEN: Dr. Lic. No.: _____ State: _____ Exp. Date: _____

Other ID: _____

Vehicle Description: Make: _____ Model: _____ Color: _____ License No.: _____ State: _____

PLEASE INDICATE IF ANY OF THE FOLLOWING APPLY:

____ Stolen ID used ____ False ID used ____ ID with old info used ____ Suspect is former employee

Theft from Customer or Job Site Date of Rental: _____ Date of Loss: _____

CUSTOMER NAME ON CONTRACT: _____

Location of Theft: _____

City: _____ County: _____ State: _____

Theft from Rental Center Date of Loss: _____

DESCRIPTION OF THEFT: _____

2. EQUIPMENT STOLEN: _____

Mfg.: _____ Model: _____ SN/VIN: _____

Lic. No: _____ State: _____ Co. ID.: _____

Estimated Value: _____ Year Purchased: _____ Color: _____ Markings: _____

LIST ADDITIONAL STOLEN OR CONVERTED EQUIPMENT ON NEXT PAGE.

3. POLICE DEPT. NOTIFIED: _____ Date: _____

Officer: _____ Case No.: _____

4. MEMBER FIRM: _____ City: _____

County: _____ Phone: _____ Fax: _____

Counter Person who wrote contract: _____

Person filing Alert: _____ Signature: _____ Date: _____

----- For CRA use only -----

Alert Report RECEIVED: _____ Report FAXED: _____ Equipment RECOVERED: _____

