

**ORLANDO POLICE DEPARTMENT  
STOLEN VEHICLE AFFIDAVIT**

DATE: \_\_\_\_\_ CASE NUMBER: \_\_\_\_\_

I, \_\_\_\_\_, swear or affirm that the following described vehicle/vessel was taken without my consent, either expressed or implied from (location):

\_\_\_\_\_

\_\_\_\_\_

on the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_. The vehicle/vessel is described as follows:

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

Body Type \_\_\_\_\_ Color \_\_\_\_\_

License/State \_\_\_\_\_ VIN \_\_\_\_\_

Value \_\_\_\_\_ Insurance Company \_\_\_\_\_

Lien Holder \_\_\_\_\_

Entered NCIC/FCIC By: \_\_\_\_\_

Date \_\_\_\_\_ Message \_\_\_\_\_

I understand that until all of the above information is obtained (i.e. VIN, tag number, proof of ownership, etc.) the reported stolen vehicle or vessel cannot be entered into the National Law Enforcement computer. It is the vehicle/vessel owner's or legal possessor's responsibility to contact the Orlando Police Department.

I further swear or affirm that I do/do not know the identity of the suspect except as listed on the Complaint Form, and that I am authorized to report this vehicle/vessel stolen as the owner or person having legal possession of it at this time.

Person(s) in the vehicle will be approached by police using pointed firearms and directed to exit the vehicle. If resistance is encountered, person(s) will be forcibly removed.

I release the Orlando Police Department of any and all legal liability for any damage or injury incurred while approaching the driver or recovering the vehicle/vessel. I understand the seriousness of giving false information to law enforcement agencies and I could be prosecuted under Florida Statute 817.49. I agree to submit to a polygraph test (lie detector) at the discretion of the Orlando Police Department to prove validity of reported theft. I further swear and/or affirm that I will prosecute the offender(s) if apprehended and will testify in a court of law. I swear or affirm the above and/or attached statements are true and correct.

Signed: \_\_\_\_\_  
Owner or Legal Possessor

Address: \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_  
\_\_\_\_\_ Business Phone ( ) \_\_\_\_\_

Sworn to and subscribed before me  
This \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
Notary Public/Law Enforcement Officer

**Original - Criminal Investigation Division**  
**Copy - Records**  
**Copy - Owner**