



Department of Game and Inland Fisheries  
 4010 W. Broad St., PO Box 11528  
 Richmond, VA 23230  
 Law Enforcement Communications (804) 367-1258

**REPORT OF A STOLEN  
 BOAT / MOTOR / TRAILER**

**BOAT OWNER** Use this form to report the theft of a Boat, Boat Motor, or Boat Trailer.  
 You are required by law to report the theft of a watercraft to this Department within 15 days.

If you have not reported the theft to another law enforcement agency in your jurisdiction, a law enforcement officer of this Department may contact you. This officer will complete a police report and insure that your theft is reported to the Virginia Criminal Information Network.

**DATE & TIME OF THEFT** \_\_\_\_\_ / \_\_\_\_\_

**LOCATION OF THEFT (Exact Address or Location as possible.)**

Street	Body of Water	
City	County	State
Check One	<input type="checkbox"/> <b>This is the only report I have made of the theft</b>	
	<input type="checkbox"/> <b>A police report has been filed of this theft to a law enforcement agency (If checked complete notification information below).</b>	
<b>Agency notified</b>		
<b>Date/Time of notification</b> /		<b>Report # or Officer Taking Report</b>

**Boat/Motor and/or Trailer Information (complete as much information as possible).**

<b>BOAT</b>	Registration Number (e.g. VA 1234 AB)		Expiration		
	Make	Model	Year	Size	
	Boat Hull Material		Type of Boat	Color	
	Hull/VIN Identification # (e.g. "ABC45678A788")				
<b>MOTOR 1<sup>st</sup></b>	Type of Propulsion		Shape of Hull		
	Make	Horsepower	Year		
	Serial No.	Model			
<b>MOTOR 2<sup>nd</sup></b>	Type (check one)	Outboard <input type="checkbox"/>	Inboard <input type="checkbox"/>	Inboard/Outboard <input type="checkbox"/>	Lower Unit <input type="checkbox"/>
	Make	Horsepower		Year	
	Serial No.	Model			
<b>TRAILER</b>	Type (check one)	Outboard <input type="checkbox"/>	Inboard <input type="checkbox"/>	Inboard/Outboard <input type="checkbox"/>	Lower Unit <input type="checkbox"/>
	Make	Year	Model		
	Serial/VIN	Size	Color		
	License Plate No.	Title#			

**OWNER INFORMATION**

Name (Last, First, Middle)		
Address/Street		
City	State	Zip
Contact Information: Home# ( )		Work# ( )
Cell or E-mail		

I certify under penalty of perjury that I am the owner of the watercraft, motor(s) and or trailer described and further certify that the description thereof and all other matters stated herein are true and correct.

(As required by § 29.1-702.1 Code of Virginia.)

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_