

**RENT EQUIP**  
9 TOWN ROAD  
OCEAN VIEW, DE 19970  
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CONTACT MATTHEW SMITH

## MISSING EQUIPMENT REPORT

Date of Loss: \_\_\_\_\_

Suspect Name: \_\_\_\_\_ Business Name: \_\_\_\_\_ Address Given: \_\_\_\_\_  
\_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_

Phone Numbers Given: \_\_\_\_\_ Driver's License  
Number: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Other ID Given: \_\_\_\_\_

Description:

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Hair: \_\_\_\_\_  
Eyes: \_\_\_\_\_ Race: \_\_\_\_\_

Vehicle:

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_  
License Plate No.: \_\_\_\_\_ State: \_\_\_\_\_

Police Department Notified: \_\_\_\_\_

Case Number: \_\_\_\_\_ Officer: \_\_\_\_\_

Description of Equipment Taken/Reason for Report:

Equipment: \_\_\_\_\_ Serial Number: \_\_\_\_\_

Model: \_\_\_\_\_ Make: \_\_\_\_\_ Year: \_\_\_\_\_ Color: \_\_\_\_\_

Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reporting company accepts full responsibility for the accuracy  
of all information contained in this report.