



IPRA

Irish Petrol Retailers Association

www.ipra.ie

DRIVE-OFF INCIDENT FORM

ADDRESS OF FILLING STATION

NAMED CONTACT

TELEPHONE NUMBER

DATE OF INCIDENT

TIME OF INCIDENT

VEHICLE REGISTRATION

VEHICLE MAKE

COLOUR

DRIVER

MALE

FEMALE

DISTINGUISHING FEATURES?

AMOUNT NOT PAID FOR €

CCTV FOOTAGE AVAILABLE? YES

NO

PICTURE EMAILED TO STATION WITH REPORT? YES

NO

LOCAL GARDA STATION (ADDRESS)

LOCAL GARDA STATION (EMAIL)

I WANT TO REPORT THIS INCIDENT AS A THEFT OFFENCE

SIGNED

DATE

NAME

FOR USE BY IPRA MEMBERS ONLY