



ARIZONA DEPARTMENT OF PUBLIC SAFETY
VEHICLE REMOVAL REPORT

Tow Sheet Number	
DR Number	Date Removed 09/27/2021

VEHICLE DESCRIPTION						LOCATION VEHICLE REMOVED				
Year	Color	Make	Model	License Plate	State	Expiration Date	Highway	Milepost	Street / Private Property	
Vehicle Identification Number (VIN)					Odometer		City / Town			County
Driver Name			Address			City	State	ZipCode	Phone	
Owner Name			Address			City	State	ZipCode	Phone	
Lien Holder			Address			City	State	ZipCode	Phone	
Trailer Towed	Trailer Year		Plate	State		VIN				
<input type="checkbox"/> Yes <input type="checkbox"/> No										
Trailer Owner - Name			Address			City	State	Zip Code		

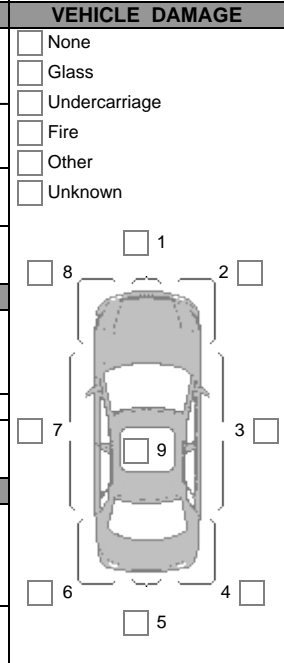
REASON FOR REMOVAL/SECURING ON SCENE (Check all that apply)		VEHICLE REMOVAL NOTICE INFORMATION			CONDITION OF:	
<input type="checkbox"/> Vehicle Removal Notice Affixed	<input type="checkbox"/> HPD <input type="checkbox"/> CID	Date First Contact With Vehicle	Time	Officer ID from Notice		D = Damaged M = Missing P = Present
<input type="checkbox"/> Collision	<input type="checkbox"/> Arrest - MISD	TOW COMPANY INFORMATION <input type="checkbox"/> Light <input type="checkbox"/> Medium <input type="checkbox"/> Heavy <input type="checkbox"/> Rotator				Right Front Tire
<input type="checkbox"/> Abandoned	<input type="checkbox"/> Arrest - Felony					Time Tow Requested
<input checked="" type="checkbox"/> Impound	<input type="checkbox"/> Hazardous	Tow Company Name		Phone	Left Front Tire	
<input type="checkbox"/> Seizure	<input type="checkbox"/> Evidence	Storage Address			Left Rear Tire	
<input type="checkbox"/> >2 Hours Metro Fwy	<input type="checkbox"/> Stolen Vehicle				Spare Tire	
<input type="checkbox"/> >4 Hours Rural Fwy	<input type="checkbox"/> Owner's Request				Stereo	
<input type="checkbox"/> >48 Hrs Other Fwy	<input type="checkbox"/> Other				Seats	
					Interior	

VEHICLE REMOVAL AUTHORIZATION						VEHICLE DAMAGE	
As owner / person in charge of the above described vehicle, I request that the vehicle be:							
<input type="checkbox"/> Removed to: _____						<input type="checkbox"/> None	
<input type="checkbox"/> Vehicle Secured Temporarily at the Scene						<input type="checkbox"/> Glass	
<input type="checkbox"/> Released to First Name _____ Last Name _____ Driver's License Number _____ DOB _____						<input type="checkbox"/> Undercarriage	
Address _____			City _____	State _____	ZipCode _____	Phone _____	<input type="checkbox"/> Fire
						<input type="checkbox"/> Other	
						<input type="checkbox"/> Unknown	

IMPOUND INFORMATION	
<input checked="" type="checkbox"/> Impounded For violation of A.R.S. 28-3511 your vehicle is impounded. Any parties having interest in this vehicle may request a hearing to determine the validity of the impoundment.	

To request a hearing, contact the Arizona Department of Public Safety at:					
Address	City	State AZ	ZipCode	Phone	

SIGNATURE	
X _____	Time _____



REMARKS / PERSONAL PROPERTY LEFT IN VEHICLE		
<input type="checkbox"/> Ignition Key	<input type="checkbox"/> Registration	<input type="checkbox"/> Driver Remained with Vehicle

Trooper Name S. ADMINISTRATOR	Badge No. BADGE01	Investigative Trooper Badge	Location Code
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