

ST AUGUSTINE BEACH PD  
VEHICLE TOW RECEIPT

AGENCY COPY

Page 1 of 1

CASE NUMBER  
**SABP24OFF000344**

DATE / TIME <b>6/30/2024 12:00:45 AM</b>	COUNTY <b>ST. JOHNS</b>	CITY <b>SAINT AUGUSTINE</b>	OTHER NUMBER <b>SJSO24CAD143247</b>	CITATION / REPORT
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**NO HOLD - MAY BE RELEASED**

OWNER	NAME (FIRST MIDDLE LAST SUFFIX) / BUSINESS NAME <b>KYLE PRESCOTT WEERTS</b>			
	ADDRESS <b>7380 COUNTY ROAD 208 LOT C</b>	CITY <b>SAINT AUGUSTINE</b>	STATE <b>FL</b>	ZIP CODE <b>32092</b>
	TELEPHONE			
<input type="checkbox"/> OWNER PRESENT OR <input type="checkbox"/> OWNER NOTIFICATION ATTEMPTED				
OWNER NOTIFICATION ATTEMPTS: <input type="checkbox"/> OWNER NOTIFICATION SUCCESSFUL				

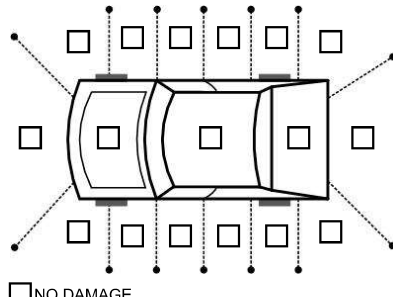
DRIVER	NAME FIRST	NAME MIDDLE	LAST NAME	SUFFIX NAME
	ADDRESS	CITY	STATE	ZIP CODE
TELEPHONE				

CMV	CARRIER NAME
	ADDRESS
CITY	
STATE	
ZIP CODE	
TELEPHONE	

VEHICLE / TRAILERS	YEAR <b>1996</b>	MAKE <b>GEO</b>	MODEL <b>UNK</b>	VEHICLE STYLE <b>2D</b>	VEHICLE COLOR <b>WHI</b>	TAG STATE / NUMBER <b>FL 33CFCP</b>	VIN <b>2C1MR2262T6787594</b>	ODOMETER	
	CIC ENTRY <b>NOT APPLICABLE</b>		RED TAG DATE / TIME		ID NUMBER	NAME			
	REASON VEHICLE TOWED <b>OTHER</b>								
	POWER UNIT	MAKE	YEAR	COLOR	UNIT NO.	VEHICLE IDENTIFICATION NO.	TAG NO.	STATE	EXP. DATE
	TRAILER 1	MAKE	YEAR	COLOR	UNIT NO.	VEHICLE IDENTIFICATION NO.	TAG NO.	STATE	EXP. DATE
	TRAILER 2	MAKE	YEAR	COLOR	UNIT NO.	VEHICLE IDENTIFICATION NO.	TAG NO.	STATE	EXP. DATE

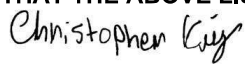
TOW	TOW SELECTION TYPE <b>ROTATION WRECKER</b>	LOCATION VEHICLE INVENTORIED / TOWED FROM <b>956 SALTWATER CIR SAINT AUGUSTINE, FL 32080</b>	
	TOWING SERVICE <b>COMPLETE AUTO &amp; RECOVERY</b>	DAY TELEPHONE <b>(904)824-3204</b>	NIGHT TELEPHONE
	ADDRESS <b>1875 STATE ROAD 207</b>	CITY / STATE / ZIP <b>ST AUGUSTINE, FL, 32084</b>	

STORAGE	VEHICLE STORAGE LOCATION <b>COMPLETE AUTO &amp; RECOVERY</b>	DAY TELEPHONE <b>(904)824-3204</b>	NIGHT TELEPHONE
	ADDRESS <b>1875 STATE ROAD 207</b>	CITY / STATE / ZIP <b>ST AUGUSTINE, FL, 32084</b>	

VEHICLE INVENTORY & DAMAGE	<input type="checkbox"/> CELLULAR PHONE (MAKE/MODEL)	<input type="checkbox"/> WHEEL COVERS	INDICATE VEHICLE DAMAGE 	MARK AREA OF DAMAGE <input type="checkbox"/> UNDERCARRIAGE <input type="checkbox"/> OVERTURN <input type="checkbox"/> WINDSHIELD <input type="checkbox"/> FIRE <input type="checkbox"/> TRAILER
	<input type="checkbox"/> RADAR DETECTOR (MAKE/MODEL)	<input type="checkbox"/> CUSTOM RIMS		
	<input type="checkbox"/> STEREO SYSTEM (RADIO / CD / TAPE, ETC).	NUMBER OF TIRES (INCLUDE SPARE)		
	<input type="checkbox"/> CB RADIO / 2 WAY RADIO	<input type="checkbox"/> TRUNK ACCESSIBLE		
<input type="checkbox"/> TRAILER HITCH	<input type="checkbox"/> REAR SPOILER	<input type="checkbox"/> NO DAMAGE		
PROPERTY IN VEHICLE <b>TWO KICKER SUBS / AMP. MISCELLANIOUS POWER TOOLS. GAS POWERED SCOOTER. T MOBILE CELL PHONE.</b>				

OFFICER COMMENTS  
**INCIDENT REPORT SABP24OFF000344-01**

**NO HOLD - MAY BE RELEASED**

<b>WE THE UNDERSIGNED OFFICER(S) AND TOW DRIVER, HEREBY CERTIFY THAT THE ABOVE LISTED JOINT PROPERTY INVENTORY IS CORRECT TO THE BEST OF OUR KNOWLEDGE.</b>			
			
SIGNATURE OF TOW TRUCK DRIVER	DATE	SIGNATURE OF OFFICER	
PRINTED NAME OF TOW TRUCK DRIVER		RANK AND NAME OF OFFICER <b>PATROLMAN KING, CHRISTOPHER SABP</b>	ORG / UNIT <b>PATROL</b>
			I.D. NUMBER <b>7235</b>