



Housing Authority
of Douglas County Oregon
Affordable Housing Since 1944

eBike Program Loss/Theft Report

eBike Loss/Theft Reporting Checklist

Photos and/or video taken at the scene received by HADCO

Copy of the police report received by HADCO

Form Instructions

The information can be taken over the phone or the form can be emailed to the participant to fill out at their convenience.

Date of Loss/Theft: _____

Time of Loss/Theft: _____

Location of Loss/Theft (cross streets, address, business name, etc.)

Participant Information

Participant's Full Name: _____

Participant's Street Address: _____

Participant's Contact Number: _____

Participant's Email Address: _____

HADCO eBike ID Number: _____

Housing Authority of Douglas County

eBike Loss/Theft Report Form

Type of Loss/Theft

eBike stolen while participant was actively using it

eBike stolen while parked and properly locked,
(obvious signs that lock was tampered with or broken)

eBike missing or stolen while parked and properly locked
(no signs that the lock was tampered with or broken)

eBike missing or stolen while parked and not properly locked

eBike missing or stolen after allowing someone else to use it

Other (explain below)

Witness 1 Information

Full Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Witness 2 Information

Full Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

If additional witnesses need to be documented, add their information at the bottom of this form.

Housing Authority of Douglas County

eBike Loss/Theft Report Form

Description of the Loss/Theft Incident

Please describe the incident in as much detail as possible. Include what you were doing at the time of the incident, whether there were any witnesses who saw a theft occur, whether the eBike was locked and how it was locked, whether a police report was filed at the scene, any obvious signs of tampering or damage to the eBike or the lock (pieces left), and any additional information you believe is relevant to the report.

Report Completed By (select one):

Staff Name: _____

Staff Signature:

Staff Signature Date:

Participant Signature:

Participant Signature Date:

Housing Authority of Douglas County
eBike Loss/Theft Report Form

Witness Information (3)

Full Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone number: _____

Witness Information (4)

Full Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone number: _____

Witness Information (5)

Full Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone number: _____

Witness Information (6)

Full Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone number: _____