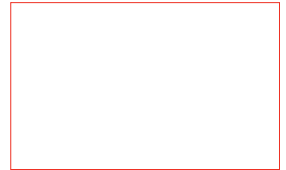




# VEHICLE THEFT REWARD APPLICATION

## UP TO \$1,000 CLASSIC AND \$1,500 PLUS



**CRITERIA:** The recommended person must be the primary source/witness of information leading to both the arrest and conviction of the person(s) responsible for the theft, hit and run, or vandalism of a Member's vehicle. The AAA Member must have been a Member in good standing at the time of the offense. The vehicle must be registered to the AAA Member. The AAA Member and his/her immediate family are not eligible for reward. Law enforcement officers are ineligible for reward.

*Your application must be received within 90 days of the final trial or no reimbursement will be made.*

**INSTRUCTIONS: IF ALL ELIGIBILITY CRITERIA HAVE BEEN MET AND THERE HAS BEEN BOTH AN ARREST AND A CONVICTION, PLEASE COMPLETE THE FOLLOWING APPLICATION FORM.**

**Please include ALL of the following supporting documentation:**

- Letter from potential recipient reporting his/her role and facts of the incident in order
- Verification from court that recipient was the primary witness leading to the arrest and conviction of those accused
- Copy of police incident/accident reports
- Copy of all subpoenas
- Proof of arrest and conviction (document from police/court/prosecutor)

Name of Applicant: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Person Arrested: \_\_\_\_\_ Juvenile:  Yes  No

Date of Arrest: \_\_\_\_\_ Date of Conviction: \_\_\_\_\_

Court: \_\_\_\_\_ Arresting Officer's Name: \_\_\_\_\_

Name of Police Department: \_\_\_\_\_

Police Department Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Business Phone #: \_\_\_\_\_

Type of Occurrence:  Theft  Vandalism  Hit and Run

AAA Member Name: \_\_\_\_\_

Membership Number: \_\_\_\_\_ Phone #: \_\_\_\_\_

Member's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Occurrence: \_\_\_\_\_ Date of Recovery: \_\_\_\_\_

Location: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE: APPLICATION MUST BE RETURNED IN THE PROVIDED ENVELOPE OR TO CORRESPONDING ADDRESS.**

**RETURN COMPLETED FORM TO: AAA | Attn: Member Relations | P.O. Box 55610 | Lexington, KY 40555**

**OR BY EMAIL TO: ACA\_reimbursements@aaa-alliedgroup.com. For questions, call 800-763-8200 and choose option 1 for reimbursement.**