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.

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