



Oklahoma Department of Wildlife Conservation
 Law Enforcement Division
 P. O. Box 53465, Oklahoma City, OK 73152
 1-800-522-8039

OPERATION GAME THIEF REPORTING FORM

Directions: Click on the gray boxes and enter the information. When you are done filling out the information save the form and email it as an attachment to mailto: bryan.wilkerson@odwc.ok.gov.

County where the offense occurred?

Date of offense? Time: a.m./ p.m. (circle one)
 (If ongoing, for how long?)

Exact location. (Use miles North, South, etc., of fixed location in nearest town)

Suspect(s): Number of suspects: 0

1.) Name: Physical Description:
 Street Address, Town: Type of vehicle suspect drives:

2.) Name: Physical Description:
 Street Address, Town: Type of vehicle suspect drives:

3.) Name: Physical Description:
 Street Address, Town: Type of vehicle suspect drives:

4.) Name: Physical Description:
 Street Address, Town: Type of vehicle suspect drives:

Reporting party. (not required):

Name:

Mailing address: Town: Zip

Home Phone: Work Phone: Cell Phone:

Describe the alleged Violation (be specific and detailed as possible):

(Below for Office Use)

CODE NUMBER IF REPORTING PARTY WANTS REWARD: _____

Given to Warden: _____ On 20____

Report taken by: _____