



**Community Assistance Team  
Rahway Police Department**

**SAFE PATHS PROGRAM**

**Personal Information**  
*(For identification purposes only)*

CASE# \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

PHONE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

**1<sup>st</sup> PERSON TO CONTACT:**

NAME: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

**2<sup>nd</sup> PERSON TO CONTACT:**

NAME: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

**IN CASE OF MEDICAL EMERGENCY:**

DOCTOR: \_\_\_\_\_ PHONE: \_\_\_\_\_

MEDICAL CONDITIONS: \_\_\_\_\_  
\_\_\_\_\_

SPECIAL INSTRUCTIONS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

RACE: \_\_\_\_\_ COMPLEXION: \_\_\_\_\_ HEIGHT: \_\_\_\_\_

WEIGHT: \_\_\_\_\_ EYE COLOR: \_\_\_\_\_ HAIR: \_\_\_\_\_

PHYSICAL AIDS: \_\_\_\_\_  
\_\_\_\_\_