

## CITIZEN'S REPORT

**CHECK TYPE OF INCIDENT BEING REPORTED**

- |   |   |
|---|---|
| 1. THEFT (STOLEN PROPERTY-LESS THAN \$75,000)<br>2. ASSAULT (SIMPLE)<br>3. CRIMINAL MISCHIEF (PROPERTY DAMAGE)<br>4. MV ACCIDENT (LEAVING THE SCENE)<br>5. LOST PROPERTY<br>6. HARASSMENT<br>7. MV BURGLARY | 8. NOISE COMPLAINT<br>9. ANIMAL BITE<br>10. ANIMAL COMPLAINT<br>11. SUPP. REPORT-ORIG. CASE#<br>12. SUSPICIOUS ACTS<br>13. DISPUTE<br>14. OTHER (SPECIFY) |
|---|---|

### VICTIM/COMPLAINANT'S INFORMATION

NAME \_\_\_\_\_ RACE \_\_\_\_\_ AGE \_\_\_\_\_ SEX M F  

FIRST
MIDDLE
LAST

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

NUMBER & STREET
CITY
STATE
ZIP CODE

CELL # \_\_\_\_\_ BUS. TELL # \_\_\_\_\_ HOME # \_\_\_\_\_

### PERSON REPORTING INFORMATION

NAME \_\_\_\_\_ TIME \_\_\_\_\_ AM DATE \_\_\_\_\_  

FIRST
MIDDLE
LAST
 REPORTED: \_\_\_\_\_ PM REPORTED: \_\_\_\_\_  

NUMBER & STREET
CITY
STATE
ZIP CODE

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

NUMBER & STREET
CITY
STATE
ZIP CODE

CELL # \_\_\_\_\_ BUS. TELL # \_\_\_\_\_ HOME # \_\_\_\_\_

### INCIDENT INFORMATION

LOCATION OF INCIDENT \_\_\_\_\_

TYPE OF PREMISES    RESIDENCE                      BUSINESS                      OTHER \_\_\_\_\_

TIME AND DATE INCIDENT OCCURRED	BETWEEN _____ AM    PM <small style="display: flex; justify-content: space-around; width: 80%;"> <span>HOURS</span> </small> AT _____ AM    PM	_____ <small style="display: flex; justify-content: space-around; width: 80%;"> <span>MONTH</span> <span>DAY</span> <span>YEAR</span> </small>
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### VICTIM'S/COMPLAINANT'S VEHICLE INFORMATION (IF APPLICABLE)

MAKE \_\_\_\_\_ MODEL \_\_\_\_\_ BODY TYPE \_\_\_\_\_ YEAR \_\_\_\_\_ COLOR \_\_\_\_\_

LICENSE PLATE # \_\_\_\_\_ STATE REGISTERED \_\_\_\_\_ VIN # \_\_\_\_\_

**CITY OF RAHWAY  
RAHWAY POLICE DEPARTMENT CITIZEN REPORT**

**NARRATIVE**

EXPLAIN BRIEFLY  
WHAT HAPPENED (IF ADDITIONAL SPACE IS NEEDED, ATTACH SEPARATE SHEET OF PAPER)

LIST THE ITEMS STOLEN BELOW. INCLUDE INFORMATION AS TO QUANTITY, MAKE, MODEL. OWNER APPLIED NUMBERS (OAN), SERIAL NUMBERS, DESCRIPTION, OR ANY OTHER PERTINENT INFORMATION THAT WOULD SIMPLIFY IDENTIFYING THE STOLEN ARTICLES. LIST THE CURRENT MARKET VALUE OF THE ARTICLE(S) STOLEN IF KNOWN OR ESTIMATE VALUE AND TOTAL. IF ADDITIONAL SPACE IS NEEDED, USE ANOTHER VICTIM PROPERTY LOSS REPORT FORM AND ATTACH PAGE TO PAGE 1. NUMBER EACH PAGE AND INDICATE TOTAL NUMBER OF PAGES. COMPLETE VICTIM IDENTIFICATION SECTION OF ALL PAGES.

ITEM #	MAKE	MODEL	OWNER APPLIED #	SERIAL #	DESCRIPTION	VALUE
PAGE NO. OF PAGES						TOTAL

NOTE: ANY PERSON WHO GIVES OR CAUSES TO BE GIVEN FALSE INFORMATION TO ANY LAW ENFORCEMENT OFFICER WITH RESPECT TO THE COMMISSION OF ANY CRIME OR INCIDENT, IS GUILTY OF A FOURTH DEGREE CRIME UNDER THE NEW JERSEY CODE OF CRIMINAL JUSTICE (2C:28-4). FOURTH DEGREE CRIMES ARE PUNISHABLE BY A FINE OF NO MORE THAN \$1000.00 OR BY IMPRISONMENT FOR NO MORE THAN 18 MONTHS, OR BOTH.

I AFFIRM THAT ALL INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE.

SIGNATURE OF PERSON REPORTING \_\_\_\_\_  
TYPE NAME