



# CITIZEN'S REPORT

RETURN OR MAIL TO:  
TOWNSHIP OF UNION POLICE  
981 CALDWELL AVENUE, UNION NJ 07083

\*OFFICIAL USE ONLY\*

CASE#

## TYPE OF INCIDENT BEING REPORTED (CHECK ONE):

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

PLEASE PRINT OR TYPE ALL INFORMATION **CLEARLY**

## VICTIM INFORMATION

NAME \_\_\_\_\_ RACE \_\_\_\_\_ DOB \_\_\_\_\_ SEX \_\_\_\_\_  
FIRST MIDDLE LAST

HOME ADDRESS \_\_\_\_\_  
NUMBER & STREET CITY STATE ZIP CODE

DRIVER'S LICENSE # \_\_\_\_\_ PHONE# \_\_\_\_\_ EMAIL \_\_\_\_\_

## PERSON REPORTING INFORMATION

NAME \_\_\_\_\_ TIME REPORTED \_\_\_\_\_ AM \_\_\_\_\_ DATE REPORTED \_\_\_\_\_  
FIRST MIDDLE LAST MONTH DAY YEAR

HOME ADDRESS \_\_\_\_\_  
NUMBER & STREET CITY STATE ZIP CODE

DRIVER'S LICENSE # \_\_\_\_\_ PHONE # \_\_\_\_\_ EMAIL \_\_\_\_\_

## INCIDENT LOCATION

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

TYPE OF PREMISES RESIDENCE \_\_\_\_\_ BUSINESS \_\_\_\_\_ OTHER (SPECIFY) \_\_\_\_\_

<b>TIME AND DATE INCIDENT OCCURRED:</b> (BETWEEN A RANGE OF TWO DATES, OR AT A SPECIFIC TIME)	OCCURRED BETWEEN _____ AM PM AND: _____ AM PM	<small>MONTH DAY YEAR</small> _____
	OR OCCURRED AT: _____ AM PM	_____
	_____	_____

## VEHICLE INFORMATION

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

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

**\*OFFICIAL USE ONLY BELOW, PLEASE FILL OUT SECOND PAGE\***

REVIEWED BY: \_\_\_\_\_ ID: \_\_\_\_\_ DATE: \_\_\_\_\_

