RETURN OR MAIL TO: TOWNSHIP OF UNION POLICE
981 CALDWELL AVE.
UNION N.J. 07083

CITIZEN'S REPORT

FOR OFFICIAL USE ONLY

CASE #	INCIDENT #

CHECK TYPE OF INCIDENT BEING REPORTED:

- ☐ 1. THEFT (STOLEN PROPERTY-LESS THAN $75,000.00)
- ☐ 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-ORIG. CASE #_____
- ☐ 12. SUSPICIOUS ACTS
- ☐ 13. DISPUTE
- ☐ 14. OTHER (SPECIFY) _____

PLEASE PRINT/TYPE ALL INFORMATION CLEARLY

VICTIM/COMPLAINANT'S INFORMATION

NAME _____ (FIRST MIDDLE LAST) | RACE _____ | AGE _____ | SEX M ☐ F ☐

HOME ADDRES: _____ (NUMBER & STREET CITY STATE ZIP CODE)

HOME TEL. # _____ | BUS. TEL. # _____ | OTHER* _____

PERSON REPORTING INFORMATION

NAME: _____ (FIRST MIDDLE LAST) | TIME REPORTED: _____ AM PM | DATE REPORTED: (MONTH DAY YEAR)

HOME ADDRESS: _____ (NUMBER & STREET CITY STATE YEAR)

HOME TEL. # _____ | BUS. TEL. # _____ | OTHER* _____

INCIDENT INFORMATION

LOCATION OF INCIDENT _____

TYPE OF PREMISES RESIDENCE ☐ BUSINESS ☐ OTHER* _____

TIME AND DATE INCIDENT OCCURRED			
	BETWEEN ☐ (HOUR) ☐AM PM☐	MONTH DAY YEAR	
	AT ☐ ☐AM PM☐		

VICTIM'S/COMPLAINANT'S VEHICLE INFORMATION

MAKE_____ MODEL_____ BODY TYPE _____ YEAR_____ COLOR_____

LICENSE PLATE # _____ STATE REGISTERED _____ VIN.# _____

REVIEWED BY _____ (NAME BADGE ID # DATE)

UPD 58 REV. 02/01

TOWNSHIP OF UNION - POLICE DIVISION

NARRATIVE

EXPLAIN BRIEFLY WHAT HAPPENED: (If additional space is needed attach separate sheet of paper.)

***COMMUNICATIONS OPERATOR** Plate Entered By_____ Date:_____ Time:_____

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 ARTICLES(S) STOLEN IF KNOWN OR ESTIMATE VALUE AND TOTAL SAME IF ADDITIONS 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 IDENIIFICATION SECTION OF ALL PAGES.

PROPERTY DESCRIPTION

ITEM NO.	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 NOT MORE THAN 1,000.00 OR BY IMPRISONMENT FOR NOT MORE THAN 18 MONTHS, OR BOTH

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

SIGNATURE OF PERSON REPORTING _____