JACKSON POLICE DEPARTMENT

SELF REPORTING FORM

DATE OF INCIDENT: _____ CASE NUMBER: FOR OFFICIAL USE

VICTIM'S NAME: _____

ADDRESS: _____

HOME PH# _____ CELL / WORK PH# _____

DOB: _____ SOCIAL SECURITY # _____

E-MAIL ADDRESS: _____

SUSPECT'S NAME (IF APPLICABLE): _____

ADDRESS: _____

HOME PH# _____ CELL / WORK PH # _____

DOB: _____ SOCIAL SECURITY # _____

NATURE OF INCIDENT: _____

(ie: Theft, Harassment, Property Damage, Lost Property, Fraud / Credit Cards, etc…)

(Provide as much information as possible /Attached additional pages and documents if needed):

_____

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I VERIFY THAT THE INFORMATION PROVIDED IS ACCURATE AND TRUE. I AM AWARE THAT IF ANY OF THE INFORMATION IS FALSE I AM SUBJECT TO PUNISHMENT BY LAW (NJS 2C:28-1A & 2C:28-3A). I ALSO UNDERSTAND THAT THIS INFORMATION MAY BE USED AGAINST ME IN A COURT OF LAW.

VICTIM'S SIGNATURE: _____ DATE: _____

TO RETURN BY FAX: **732-928-8874**

TO RETURN BY E-MAIL: self_reporting@jacksontwpnj.net

TO RETURN BY MAIL: **102 JACKSON DRIVE JACKSON, NJ, 08527**

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