



CITIZEN'S REPORT



Return or Mail To:

IRVINGTON POLICE DEPARTMENT
OFFICE OF COMMUNITY AFFAIRS
1 CIVIC SQUARE
IRVINGTON, NEW JERSEY 07111

Official Use Only

Incident #

Central Case #

TYPE OF INCIDENT BEING REPORTED

- | | |
|---|---|
| <input type="checkbox"/> Violation Town Ordinance | <input type="checkbox"/> Shoplifting – Not in Custody |
| <input type="checkbox"/> Suspicious Vehicle – Unoccupied | <input type="checkbox"/> Lost / Misplaced Property |
| <input type="checkbox"/> Abandoned Vehicle | <input type="checkbox"/> Lost License Plate / Registration |
| <input type="checkbox"/> Drug Complaint – House | <input type="checkbox"/> Property Damage (Non Criminal Mischief) |
| <input type="checkbox"/> Gambling / Drinking – House | <input type="checkbox"/> Motor Vehicle Accident (+24 hrs / NJSR-21) |
| <input type="checkbox"/> Animal Complaint – Bite | <input type="checkbox"/> Noise Complaint |
| <input type="checkbox"/> Harassment [Non Bias / Life Threats] | <input type="checkbox"/> Light / Street Condition(s) |
| <input type="checkbox"/> Other: | |

Describe (if necessary)

INCIDENT INFORMATION

Location (Address):

Time (AM / PM)

Date(s)

From _____

From _____

To _____

To _____

Type of Premise: Street Residential Business Other: _____

VICTIM / COMPLAINANT INFORMATION

Victim /
Complainant

Last Name First Middle Race Sex Age DOB

Home Address City State Zip Home Phone Cell Phone

Reported By

Last Name First Middle Race Sex Age DOB

Home Address City State Zip Home Phone Cell Phone

VEHICLE INFORMATION

Make Body Type Color Year License Plate State

Describe Damage

Describe Loss / Stolen Item

