Kean University Department of Public Safety/Police
CITIZEN'S REPORT

RETURN OR MAIL TO	**Kean University Department of Public Safety/Police** **1000 Morris Avenue, Union NJ 07093** **Phone: (903)737-4800 FAX: (908)737-4805**	**Date/Time** _____ **Case #** _____

CHECK OFF THE TYPE OF INCIDENT BEING REPORTED:

- ☐ 1. THEFT (LESS THAN $75,000.00)
- ☐ 2. ASSAULT (SIMPLE)
- ☐ 3. PROPERTY DAMAGE (CRIMINAL MISCHIEF)
- ☐ 4. LOST PROPERTY
- ☐ 5. HARASSMENT
- ☐ 6. OTHER (SPECIFY) _____
- ☐ 7. SUPP. REPORT-ORIG CASE# _____
- ☐ 8. NOISE COMPLAINT
- ☐ 9. ANIMAL BITE
- ☐ 10. ANIMAL COMPLAINT
- ☐ 11. DISPUTE
- ☐ 12. SUSPICIOUS ACTS
- ☐ 13. MV BURGLARY
- ☐ 14. MV ACCIDENT

*** PLEASE PRINT/TYPE ALL INFORMATION CLEARLY***

VICTIM / COMPLAINANT'S INFORMATION

NAME: _____ AGE: ____ RACE: ____ SEX: ____
First Middle Last

HOME ADDRESS: _____
Number & Street City State Zipcode

SCHOOL ADDRESS: _____
Building Name Room Number Bedroom Number

☐ ☐
HOME/CELL PHONE # _____ SCHOOL PHONE # _____

PERSON REPORTING INFORMATION

IF SAME AS ABOVE, PLEASE CHECK THIS BOX AND SKIP THIS SECTION: ☐

NAME: _____ AGE: ____ RACE: ____ SEX: ____
First Middle Last

HOME ADDRESS: _____
Number & Street City Suit Zipcode

SCHOOL ADDRESS: _____
Building Name Room Number Bedroom Number

HOME/CELL PHONE #: _____ SCHOOL PHONE #: _____

INCIDENT INFORMATION

LOCATION OF INCIDENT _____

TYPE OF PREMISES: SCHOOL ☐ RESIDENCE ☐ LOT/ OPEN AREA ☐

Time and Date Incident Occurred	Between ☐		☐ AM	☐ PM	Month Day Year
	At ☐		☐ AM	☐ PM	_____

* NARRATIVE IS REQUIRED - PLEASE SEE OTHER SIDE OF THIS REPORT *

REVIEWED BY _____ ID#: _____ DATE: _____

Rev. 01/12 CB

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*** NARRATIVE ***

EXPLAIN BRIEFLY WHAT HAPPENED:	***(if you require additional space, ask for a continuation page. Incidents involving vehicles must have the vehicle information section filled out).***

LIST ANY ITEMS STOLEN BELOW, INCLUDE INFORMATION AS TO QUANTITY MAKE, MODEL, OWNER APPLIED NUMBERS SERIAL NUMBERS, DESCRIPTION OR ANY OTHER PERTINENT INFORMATION, INCLUDE CURRENT MARKET VALUE, OR ESTIMATE THE VALUE. OF EACH ITEM. IF ADDITIONAL SPACE IS REQUIRED, REQUEST AN ADDITIONAL VICTIM PROPERTY LOSS FROM AND ATTACH IT TO THIS REPORT NUMBER EACH PAGE AND INDICATE THE TOTAL NUMBER OF PAGES ON EACH.

* PROPERTY DESCRIPTION*

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

* VICTIM'S/ COMPLAINT'S VEHICLE INFORMATION *

MAKE	MODEL	YEAR	COLOR	BODY TYPE	PLATE/ STATE	VIN#

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 and/or by imprisonment for not more than 18 months.

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

SIGNATURE OF PERSON REPORTING X _____