FAIR LAWN POLICE DEPARTMENT CITIZENS REPORT

NOTE: *This form shall not be utilized for Part 1 or indictable offenses*

Nature:		Case #:
Officer:		File #:
Name of Officer accepting report		

DO NOT WRITE ABOVE THIS LINE - FOR DEPARTMENT USE ONLY

Print Below Information Clearly

Victim's Information	**Complainant's Information** (If different than victim)
Name:	Name:
Address:	Address:
City/State/Zip:	City/State/Zip:
Date of Birth:	Date of Birth:
Phone #:	Phone #:

Incident Information

Date of Incident:	Time of Incident: AM / PM
Address/Location of Incident:	
City/State/Zip:	

Vehicle Information (If Applicable)

Year:	Make / Model:	
Color:	License Plate#	State:
VIN#		

Insurance Information (If Applicable)

Insurance Company:	
Company Code:	Policy#:

Incident Narrative (Please give full descriptive details of the incident)

Date:	Signature:

This form must be completed in its entirety and returned to the main desk of the Fair Lawn Police Department. All boxes must be filled in or marked with a dash (-) or N/A.

Incomplete or unsigned forms will be considered void and returned.