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** Time of Incident: AM PM Date of Incident: Address/Location of Incident: City/State/Zip: Vehicle Information (If Applicable) Year: Make / Model: License Plate# State: Color: VIN# Insurance Information (If Applicable) Insurance Company: Company Code: Policy#: Incident Narrative (Please give full descriptive details of the incident) Signature: Date: 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.