MARK P. SIINO
Chief of Police

LITTLE EGG HARBOR POLICE DEPARTMENT

665 RADIO ROAD
LITTLE EGG HARBOR, NEW JERSEY 08087
(609) 296-3666
FAX: (609) 296-4025

LOST PROPERTY INCIDENT REPORT

Statement of _____ Case No. (RECORDS USE ONLY)_____

Address _____ Date of Birth _____

_____ SSN _____

Date & Time of Loss _____ Home Telephone _____

THIS INCIDENT REPORT MAY BE USED TO REPORT LOST PROPERTY WITH A TOTAL VALUE OF LESS THAN FIVE HUNDRED DOLLARS ($500.00).

DETAILS / NARRATIVE:

NJS 2C:28-4 states that 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 which is punishable by a fine of not more than one thousand dollars or by imprisonment for not more than eighteen months, or both.

Date _____ Signed _____

Time _____ Witness _____

LITTLE EGG HARBOR POLICE DEPARTMENT

STATEMENT OF LOSS (LOST PROPERTY)

Date Reported	Municipal Code	Telephone Number	Department Case No.
	1516	**(609) 296-3666**	

Victims Name	Street Address	Town, State and Zip Code
Home Telephone Number	Insurance Company Name	Policy Number

Victim Instructions

The items stolen shall be listed as soon as possible, this will include information as to quantity, make model, owner applied numbers (OAN), serial numbers, description or any other pertinent information that would help in identifying the stolen items. If you know the current market value of the article(s) stolen list it in the space provided or estimate the value. If additional spaces are needed use an additional statement of loss form and indicate the total number of pages in the space provided. When you are finished listing all of the stolen items, list the total of the entire loss in the space provided.

Item No.	Quantity	Make, Model, Owner Applied No., Serial No., Description	Value

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I hereby report the above listed items as missing on _____ (Insert Date)	Victim's Signature	Date Signed		Total Loss
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