



# HACKENSACK POLICE DEPARTMENT - DETECTIVE DIVISION



CASE NO. \_\_\_\_\_ DATE REPORT TAKEN \_\_\_\_/\_\_\_\_/\_\_\_\_ DETECTIVE ASSIGNED \_\_\_\_\_  
MONTH / DAY / YEAR

DATE RETURNED \_\_\_\_/\_\_\_\_/\_\_\_\_ RECEIVED BY \_\_\_\_\_ SIGNATURE \_\_\_\_\_  
MONTH / DAY / YEAR PRINT EMPLOYEE NAME AND BADGE NUMBER EMPLOYEE SIGNATURE

## REPORT OF STOLEN PROPERTY

I, \_\_\_\_\_ HEREBY REPORT THAT ON OR ABOUT \_\_\_\_/\_\_\_\_/\_\_\_\_ ITEMS THAT ARE OWNED  
PRINT NAME MONTH / DAY / YEAR  
BY ME OR ITEMS THAT WERE IN MY CARE OR POSSESSION WERE STOLEN FROM THE FOLLOWING ADDRESS:

\_\_\_\_\_, HACKENSACK, NEW JERSEY 07601  
NUMBER / STREET NAME / FLOOR, APARTMENT, OR ROOM NUMBER

### LIST THE ITEM OR ITEMS STOLEN DURING THIS INCIDENT BELOW:

No.	ITEM	MAKE	MODEL	SERIAL No.	VALUE
1					\$
2					\$
3					\$
4					\$
5					\$
6					\$
7					\$
8					\$
9					\$
10					\$
11					\$
12					\$
13					\$
14					\$
15					\$
16					\$
17					\$
18					\$
19					\$
20*					\$

\*USE ADDITIONAL FORMS IF NEEDED

**NOTE:** ANY PERSON WHO KNOWINGLY GIVES FALSE INFORMATION TO ANY LAW ENFORCEMENT OFFICER OR AGENCY WITH RESPECT TO THE COMMISSION OF A CRIME OR PURPORTED CRIME IS GUILTY OF A DISORDERLY PERSONS OFFENSE (N.J.S.A. 2C:28-4B(2)).

SIGNATURE: \_\_\_\_\_

DATE REPORTED \_\_\_\_/\_\_\_\_/\_\_\_\_  
MONTH / DAY / YEAR

HOME ADDRESS: \_\_\_\_\_  
NUMBER / STREET NAME / FLOOR, APARTMENT, OR ROOM NUMBER

TELEPHONE NO. (\_\_\_\_) \_\_\_\_ - \_\_\_\_  
CONTACT NUMBER

**\*\*\*THIS REPORT MUST BE RETURNED TO THE HACKENSACK POLICE DEPARTMENT WITHIN ONE (1) WEEK OF DATE OF REPORT\*\*\***