**CHERRY HILL POLICE DEPARTMENT**
820 MERCER ST. P.O. BOX 5002
CHERRY HILL, NJ 08034

# VICTIM'S REPORT OF STOLEN PROPERTY

Victim's Name _____ Complaint# _____

Address _____ Type of Crime Burglary ( ) Robbery ( )

Home Phone # _____ Business _____ Theft ( ) Other ( )

Location of Crime _____ Date of Crime _____

THIS FORM HAS BEEN PREPARED FOR YOU – THE VICTIM OF A CRIME. IN ORDER TO CONDUCT A THOROUGH INVESTIGATION, WE MUST HAVE A COMPLETE, ACCURATE, AND DETAILED DESCRIPTIVE LIST OF ANY AND ALL ITEMS REPORTED STOLEN OR LOST AS SOON AS POSSIBLE. THE VICTIM SHOULD ALSO BE AWARE OF THE NEW JERSEY STATUTE 2C:28-3A. – *Giving false information to a law enforcement officer or agency. "Any person who knowingly and willfully gives false information or causes false information to be given to any law enforcement office or agency with respect to the commission of any crime or purported crime is guilty of a misdemeanor."*

PLEASE PRINT

| QTY. | ITEM/DESCRIPTION | COLOR | SIZE | MAKE | MODEL | SERIAL# | IDENTIFYING MARKS | VALUE |
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Insured YES ( ) NO ( ) Insurance Company Name _____

Policy Number _____ Agent's Name & Phone _____

Page _____ of _____ Signature of Preparer _____ Date _____

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