DELANCO TOWNSHIP POLICE DEPARTMENT
STOLEN PROPERTY LOSS FORM

VICTIM'S NAME FIRST MIDDLE LAST	NEW WORLD NUMBER	CASE NUMBER

VICTIM'S ADDRESS (NUMBER - STREET - MUNICIPALITY - STATE)	

PLACE STOLEN (STREET - MUNICIPALITY - STATE)	STOLEN DATE

This form has been prepared for you - the victim of a crime. In order for our department to conduct a thorough investigation, we must have a complete, accurate and detailed descriptive list of any and all items reported stolen. ***PLEASE PRINT***

DESCRIPTION AND LIST OF STOLEN PROPERTY

QUANTITY	ITEM AND DESCRIPTION/ IDENTIFYING MARKS, ETC.	COLOR	SIZE	MAKE	MODEL #	Serial #	ESTIMATED VALUE	FOR OFFICAL USE ONLY NCIC (✓)
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If you need more room continue on second page	TOTAL VALUE STOLEN

INSURANCE INFORMATION

INSURED	NAME OF INSURANCE COMPANY AND PHONE NUMBER	POLICY #
☐ YES ☐ NO		CLAIM #

NJSA 2C:28-3a - False Information to law enforcement officer or agency, "ANY PERSON WHO KNOWINGLY AND WILLFULLY GIVES FALSE INFORMATION TO ANY LAW LAW ENFORCEMENT OFFICER OR AGENCY WITH RESPECT TO THE COMMISSION OF ANY CRIME IS GUILTY OF A MISDEMEANOR.

DATE	VICTIM'S SIGNATURE	Page __of__

DESCRIPTION AND LIST OF STOLEN PROPERTY

QUANTITY	ITEM AND DESCRIPTION	COLOR	SIZE	MAKE	MODEL #	IDENTIFYING MARKS, ETC.	ESTIMATED V.	FOR OFFICAL USE ONLY NCIC (✓)
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TOTAL VALUE STOLEN

CASE NUMBER

VICTIM'S NAME FIRST MIDDLE LAST

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