

**LONG BEACH TOWNSHIP POLICE DEPARTMENT**  
STATEMENT OF LOSS REPORT

(609) 494-3322

VICTIM'S NAME	DATE REPORT FILED	LBT CASE NUMBER
ADDRESS	TOWN / STATE	HOME PHONE (AREA)
INSURANCE COMPANY NAME	POLICY NUMBER	OFFICER'S SIGNATURE & BADGE NUMBER

**INSTRUCTIONS FOR COMPLETEING STATEMENT OF LOSS**

THE ITEMS STOLEN SHALL BE LISTED BELOW AS SOON AS POSSIBLE. THIS WILL INCLUDE INFORMATION AS TO THE QUANTITY, MAKE, MODEL, OWNER APPLIED NUMBERS (OAN), SERIAL NUMBERS, DESCRIPTION OR ANY OTHER PERTINENT INFORMATION THAT WOULD SIMPLIFY IDENTIFYING THE STOLEN ITEMS. IF IT IS KNOWN, LIST THE CURRENT MARKET OR ESTIMATED VALUE OF THE STOLEN ITEMS AND TOTAL SAME. IF ADDITIONAL SPACE IS NEEDED, USE AN ADDITIONAL STATEMENT OF LOSS REPORT AND ATTACH TO PAGE 1. NUMBER EACH PAGE AND INDICATE THE TOTAL NUMBER OF PAGES ON THE LINE PROVIDED. PLEASE COMPLETE VICTIM IDENTIFICATION SECTION AND SIGN ALL PAGES PRIOR TO SUBMITTING REPORT(S).

ITEM #	QUANTITY	DETAILED DESCRIPTION. (INCLUDE MAKE, MODEL, OWNER APPLIED NUMBERS AND SERIAL NUMBERS).	VALUE
1.			
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I HEREBY REPORT THAT THE ABOVE LISTED ITEMS WERE STOLEN FROM ME ON OR ABOUT:  DATE:	VICTIM'S SIGNATURE  √	SIGNATURE DATE	PAGE ____ OF ____	TOTAL
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*NOTE: ANY PERSON WHO GIVES OR CAUSES TO BE GIVEN FALSE INFORMATION TO ANY LAW ENFORCEMENT OFFICER, WITH THE RESPECT TO THE COMMISSION OF ANY CRIME OR INCIDENT, IS GUILTY OF A FOURTH DEGREE CRIME UNDER THE NEW JERSEY CODE OF CRIMINAL JUSTICE (2C:28-4). FOURTH DEGREE CRIMES ARE PUNISHABLE BY A FINE OF NOT MORE THAN \$1,000.00 OR IMPRISONMENT FOR NOT MORE THAN EIGHTEEN (18) MONTHS, OR BOTH.*