RIVERSIDE POLICE DEPARTMENT

STATEMENT OF LOSS FORM

DATE OF CRIME: _____

NAME: _____ TYPE OF CRIME: _____

ADDRESS: _____

PLEASE LIST ALL PROPERTY STOLEN AND INCLUDE:

- **THE QUANTITY**
- **THE TYPE OF ARTICLE**
- **SERIAL NUMBER WHEN AVAILABLE**
- **APPROXIMATE VALUE**
- **ALL OTHER DESCRIPTIVE INFORMATION**

Complete and return this form to the RIVERSIDE TOWNSHIP POLICE as soon as possible.

QUANTITY:	DESCRIPTIVE INFORMATION:	VALUE:

TOTAL VALUE STOLEN: _____

NOTE: THIS IS AN OFFICIAL POLICE REPORT. FALSE POLICE REPORTS IN THE STATE OF NEW JERSEY ARE PUNISHABLE BY LAW N.J.S.2C:28-3a. CONVICTION OF THIS OFFENSE CARRIES A FINE AND POSSIBLE JAIL OR BOTH.

SIGNATURE OF VICTIM: _____ DATE: _____

OFFICER SIGNATURE: _____