

TUCKERTON POLICE DEPARTMENT

Lost Property Owner Report

1. Department TUCKERTON	2. Mun Code 1532	3. Phone Number 609 296-9416	4. Department Case Number
5. Owners Name PRINT First		Middle	Last
6. Address (Number- Street—Municipality- State)			7. Primary Phone Number
8. Date of Birth:	9. Social Security Number:		

10. Date Last in Possession	11. Time (Last Known)	12. Location Last Known to Be In Possession (Address/ Street/ Business)
13. Date Loss Discovered	14. Time (Approx.)	15. Location/Possible Location of Loss (If not known provide possible location): (Address/ Street/ Business)

Item Lost & Description

16. <input type="checkbox"/> Driver License	17. State of Issuance	18. Number		
19. <input type="checkbox"/> Registration Circle Appropriate Item or License Plate	20. State of Issuance	21. Vehicle Registration Issued to:		23. Vehicle Identification Number
		Make	Model	Year
25. <input type="checkbox"/> Cell Phone	26. Manufacturer	27. Model	28. Phone Number	29. Carrier

30. <input type="checkbox"/> Other	Purse/Wallet/Debit/Credit Cards <i>(Ensure Appropriate companies are notified of lost credit or bank cards)</i> 31. Property Description/Make/Model /Identification Numbers
------------------------------------	--

If more space is needed utilize a second form. Complete Name section only. In the address area make a notation "PAGE 2" Sign & Date all forms.

***Note:** Any person who gives or causes to be given false information to any law enforcement officer, with 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 fine of not more than \$1,000.00, or imprisonment for not more than 18 months or both.*

32. Date of Report	33. Signature:	34. Official Receiving Copy	35. Date of Received
--------------------	----------------	-----------------------------	----------------------

DO NOT WRITE BELOW THIS AREA

PROPERTY RECOVERY DETAILS

36. Date Recovered	37. Location Recovered (Specific location: Address/ Street/ Business)	38. Mun. Code 1532
Possession of:	39. Complete Address (of Finder or Person in Possession)	
40. Phone Number		
41. Official Reporting Recovery: (Print)	42. Officer Signature:	43. ID# 44. Date
45. Condition of property at Recovery <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Poor <input type="checkbox"/> Unsalvageable		46. Item Disposition/Location
47. Date Released	48. Released to (Other than Owner , Print Name)	49. Owner/Other Signature
50. Address: <input type="checkbox"/> Same As Above	51. Phone: <input type="checkbox"/> Same As Above	
52. Released by: Signature	53. ID #	54. Date of Release