

LONGPORT POLICE DEPARTMENT

BICYCLE THEFT STATEMENT

DATE: _____

ADDRESS:

CITY/STATE

HOME PHONE:

WORK PHONE:

LOCATION OF THEFT:

DATE/TIME:

DESCRIPTION

MAKE:

MODEL/TYPE

WHEEL SIZE:

FRAME SIZE:

FRAME TYPE:

GIRLS

BOYS

SERIAL # :

REPLACEMENT COST:

COLOR OF FRAME:

COLOR OF FENDERS:

COLOR OF RIMS:

COLOR OF TIRES:

COLOR OF SEAT:

COLOR OF GRIPS:

NUMBER OF GEARS:

1

3

5

10

15

20

NUMBER OF WHEELS:

1

2

3

4

CIRCUMSTANCES OF LOSS / THEFT

IS THIS LOSS INSURED?:

YES

NO

I HEREBY CERTIFY THAT THE ABOVE STATEMENT IS TRUE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT FILING A FALSE POLICE REPORT IS A CRIME, PUNISHABLE BY A FINE AND/OR IMPRISONMENT. N.J.S. 2C:28-2, 28-3 & 28-4.

COMPLAINANT'S SIGNATURE: _____ WITNESS: _____

DO NOT WRITE BELOW THIS LINE

RECOVERY LOCATION:

DATE/TIME:

OWNER NOTIFIED BY:

DATE/TIME:

I, THE UNDERSIGNED, AM THE SOLE OWNER OF THE PROPERTY, AND HEREBY ACKNOWLEDGE RECEIPT OF SAID PROPERTY FROM THE BELOW WITNESSING OFFICER OF THE LONGPORT POLICE DEPARTMENT.

SIGNATURE OF OWNER: _____

DATE/TIME:

OFFICER:

BADGE #: