



**OFFICE OF THE ATTORNEY GENERAL
STATE OF NEW JERSEY**



Disaster Fraud/Theft Reporting Form

Reporting Agency:	Agency Case No.:	Reporting County:	Date:
Reporting Officer:	Badge No.:	Agency Telephone No.:	Department ORI: <i>(if applicable)</i>
Nature of Crime/Incident:	Crime Date:	Amount of Theft/Fraud:	Have Charges been Filed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending

VICTIM / COMPLAINANT SECTION

Victim / Complainant:	D.O.B.:	Cellular Telephone No.:	
Current Address:	Home Telephone No.:		
Municipality:	County:	State:	Zip Code:
Address of Incident: <i>(if different from the current address)</i>			
Municipality:	County:	State:	Zip Code:

Insurance Company Involved: <i>(if applicable)</i>	Policy No.:
Insurance Company Address:	Telephone No.:

DEFENDANT / SUSPECT SECTION
(attach additional defendants if applicable or forward department incident report with this form)

Defendant's Name:	D.O.B.:	Telephone No.:			
Address:	Municipality:	County:	State:	Zip Code:	
Vehicle Year:	Make:	Model:	Color:	Type:	Registration No. & State:
Business/Company Representing: <i>(if applicable)</i>	Telephone No.:	NJ Contractor License No. (plumbing, electrical etc.):			
Business Address:	Web-Site / E-Mail of business:				

Check ALL that apply:

Arrested Complaints Filed Under Investigation Contacted by Police Only Reported to Police / NJ Division of Consumer Affairs

NARRATIVE SECTION
(provide a brief narrative of the incident)

E-MAIL COMPLETED FORMS TO SANDYFRAUD@NJDCJ.ORG