

Street Gang Incident Offense Report

Report Date:	Time (Military):	Municipality:	Mun. Code:	ORI #:	Agency Case #:
Reporting Officer Name (First, Last):			Badge #:	Area Code, Telephone & Extension:	

Incident/Offense

Date of Incident:	Target of Gang Incident/Offense:			Arrest(s) Made?:
	<input type="checkbox"/> 1. Person(s)	<input type="checkbox"/> 2. Private Property	<input type="checkbox"/> 3. Public Property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Location of Gang Incident/Offense:		Gang(s) Involved (Check all that apply):		
<input type="checkbox"/> Residence	<input type="checkbox"/> Government Building	<input type="checkbox"/> 18th Street	<input type="checkbox"/> MS-13	<input type="checkbox"/> Latin Kings
<input type="checkbox"/> Religious Building	<input type="checkbox"/> School Building	<input type="checkbox"/> Breed MC	<input type="checkbox"/> Bloods	<input type="checkbox"/> Warlocks MC
<input type="checkbox"/> Business (Specify Type):		<input type="checkbox"/> Crips	<input type="checkbox"/> Hells Angels MC	<input type="checkbox"/> Reta
<input type="checkbox"/> Other (Specify):		<input type="checkbox"/> Pagans MC	<input type="checkbox"/> Other (Specify):	
Gang Member Criteria Codes (Select at least two):				
<input type="checkbox"/> Self-Proclamation	<input type="checkbox"/> Possesses Written or Electronic Correspondence			
<input type="checkbox"/> Gang Tattoos or Marks	<input type="checkbox"/> Exhibits Gang Behavior (hand signs, codes, tagging, attendance at gang events)			
<input type="checkbox"/> Gang Clothing or Colors	<input type="checkbox"/> Identified as a Gang Member by a Reliable Source (CI, other agency)			
<input type="checkbox"/> Witness Testimony or Official Statement				

Location

Gang Involved

Criteria 2 Required

Name

Gang Member/Associate Involved		<input type="checkbox"/> Unknown		
Last Name:	First Name:	AKA:	DOB:	Gender:

Any Other Indicia of Street Gang Activity Noted:

Brief Synopsis of Gang-Related Incident/Offense: (continue on next page if necessary)

Synopsis

E-Mail Submission

Submit by email to: UCR-REPORTS@GW.NJSP.ORG
 No paper forms will be accepted.
 Any questions, contact the New Jersey State Police UCR Unit: (900) 882-2000, Ext. 2872