

**STATE OF NEW JERSEY
DIVISION OF ALCOHOLIC BEVERAGE CONTROL**

**Enforcing the Underage
Drinking Laws
Grant Program**

ARREST/CITATION REPORT FORM

SUBGRANT NUMBER _____

LAW ENFORCEMENT AGENCY _____

CITY _____

ESTABLISHMENT _____

DATE OF ARREST _____

TIME OF ARREST _____

ARREST LOCATION: Licensee/Parking Lot _____

ARRESTEE:

MINOR

ADULT

AGE _____

AGE _____

SEX _____

SEX _____

RACE _____

RACE _____

CHARGE(S) _____

CHARGE(S) _____

REPEAT OFFENDER Y__ N__

REPEAT OFFENDER Y__ N__

PUBLIC AWARENESS ACTIVITIES:

PRESS RELEASE ISSUED? _____

DISPOSITION:

COMMENTS:

DATE: _____

SIGNATURE: _____

*** This form must be submitted to DAG Susan Dolan, on a weekly basis, to: Division of ABC, PO Box 087, Trenton, NJ 08625-0087.**