

**State of New Jersey, Department of Law and Public Safety**  
**RETURN A MONTHLY COUNT OF OFFENSES KNOWN TO THE POLICE**

MUNICIPALITY CODE NO.										
<b>N.J.</b>										<b>00</b>
NCIC CODE NO.										

**Forward by the 7th day after close of the reporting period to:**

STATE OF NEW JERSEY, DEPARTMENT OF LAW AND PUBLIC SAFETY  
 DIVISION OF STATE POLICE, UNIFORM CRIME REPORTING UNIT  
 BOX 7068, WEST TRENTON, NEW JERSEY 08628-0068

1 Classification of Offenses (PART 1 CLASSES)	2 Offenses Reported or known to police (Include unfounded)	3 Unfounded Complaints	4 Number of actual offenses (column 2 minus column 3)	5 Number of offenses cleared this month (include exceptional clearances)	
				a. Total Offenses Cleared	b. Juvenile offenses cleared (also included in 5a)
<b>1. Homicide</b>					
a. Murder					
b. Manslaughter					
<b>2. Rape</b> <span style="float: right;"><b>Total</b></span>					
a. Rape					
b. Attempted Rape					
<b>3. Robbery</b> <span style="float: right;"><b>Total</b></span>					
a. Firearm					
b. Knife or Cutting Instrument					
c. Other Dangerous Weapon					
d. Strong arm (Hands, Fists, etc.)					
<b>4. Assault</b> <span style="float: right;"><b>Total</b></span>					
a. Gun					
b. Knife or Cutting instrument					
c. Other Dangerous Weapon					
d. Aggravated (Hands, Fists, Feet, etc.)					
e. Simple (Hands, Fists, Feet, etc.)					
<b>5. Burglary</b> <span style="float: right;"><b>Total</b></span>					
a. Forcible Entry					
b. Unlawful Entry - no force					
c. Attempted Forcible Entry					
<b>6. Larceny - Theft</b> <span style="float: right;"><b>Total</b></span>					
<b>7. Motor Vehicle Theft</b> <span style="float: right;"><b>Total</b></span>					
a. Autos					
b. Trucks and Buses					
c. Other Vehicles					
<b>9. Arson</b> <span style="float: right;"><b>Total</b></span>					
<b>GRAND TOTAL</b>					

TOTAL ARRESTS THIS MONTH FOR ALL OFFENSES EXCEPT TRAFFIC (Include driving under the influence)	
ADULT	JUVENILE

NUMBER OF POLICE THIS MONTH	
KILLED	ASSAULTED

Department Reporting \_\_\_\_\_ Area Code, Telephone \_\_\_\_\_

Head of Department \_\_\_\_\_

Prepared By \_\_\_\_\_ Date \_\_\_\_\_

Report for the Month of \_\_\_\_\_, \_\_\_\_\_ Year

Do not use this space	
	Initial
<b>Recorded</b>	
<b>Reviewed</b>	
<b>Punched</b>	
<b>Verified</b>	
<b>Adjusted</b>	