

COPS IN SHOPS
ARREST/CITATION REPORT FORM
GRANT # AL-19-45-05-01

LAW ENFORCEMENT AGENCY _____

CITY _____

ESTABLISHMENT _____

DATE OF ARREST _____

TIME OF ARREST _____
(MILITARY TIME)

ARREST LOCATION: STORE / PARKING LOT / OTHER → _____
(CIRCLE ONE)

ARRESTEE:	<u>MINOR</u>	<u>ADULT</u>
	AGE _____	AGE _____
	SEX _____	SEX _____
	RACE _____	RACE _____
	<u>CHARGE(S):</u>	<u>CHARGE(S):</u>
	_____	_____
	_____	_____
	_____	_____

DISPOSITION:

COMMENTS:

DATE: _____ SIGNATURE: _____

PLEASE NOTE:

- 1. Submit this form to Lisa Lowe via fax or e-mail within 3 days of the detail;**
- 2. Only one arrest per page;**
- 3. Retain the original;**
- 4. Do not send duplicates.**

E-mail: Lisa.Lowe@njoag.gov
Fax: (609) 633-9150