



Use of this Form is Limited to Reports of Property Crime Without a Known Suspect or Vehicle.

# New Bedford Police Citizen Crime Report

Today's Date: \_\_\_\_\_ Current Time: \_\_\_\_\_ AM \_\_\_\_\_ PM Call Number#: \_\_\_\_\_

### PLEASE PRINT Your Information:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ - \_\_\_\_\_

Phone #: Home: ( ) \_\_\_\_\_ - \_\_\_\_\_ Work: ( ) \_\_\_\_\_ - \_\_\_\_\_ Mobile: ( ) \_\_\_\_\_ - \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Sex: Male  Female  Race: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of Business (if applicable) \_\_\_\_\_

Street Address: \_\_\_\_\_ Zip: \_\_\_\_\_ - \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ - \_\_\_\_\_

Location/ Address Where Crime Occurred: \_\_\_\_\_

Date Crime Occurred: \_\_\_\_\_ Time Crime Occurred: \_\_\_\_\_

Date/Time Period Crime Occurred: Between \_\_\_\_\_ AM/PM and \_\_\_\_\_ AM/PM

Status/Condition of Property: Stolen  Damaged  Other: \_\_\_\_\_

Description of Stolen/Damaged Property: \_\_\_\_\_

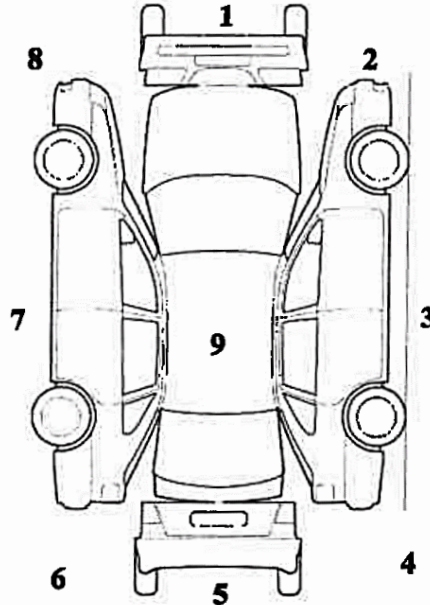
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Value of Property (\$): \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

Serial Number: \_\_\_\_\_

\* Scans Included

\* Use Diagram if no pictures available



### Location of Vehicle Damage Check all that apply.

- [ ] 1 – Front End
- [ ] 2 – Front Passenger's Side
- [ ] 3 – Passenger's Side
- [ ] 4 – Rear Passenger's Side
- [ ] 5 – Rear End
- [ ] 6 – Rear Driver's Side
- [ ] 7 – Driver's Side
- [ ] 8 – Front Driver's Side
- [ ] 9 – Roof
- [ ] 10 – Undercarriage
- [ ] 11 – Other

Description of what occurred (please attach additional pages if needed):

Multiple horizontal lines for writing the description of the incident.

***Signature of Citizen/Person Completing this Report***

**WARNING:** False statements made on this form are punishable under the penalty of perjury. Whoever knowingly makes a false written statement on this form shall be punished by imprisonment MGL C268, S39. Persons convicted of more than once of knowingly making false reports shall be punished by a mandatory minimum of year jail term.

**FOR OFFICIAL USE ONLY:**

Case Number #: \_\_\_\_\_ Call Number: \_\_\_\_\_  
UCR Code: \_\_\_\_\_ Officer Receiving Report: \_\_\_\_\_  
Entered in IMC by: \_\_\_\_\_  
NCIC ENTRY: \_\_\_\_\_ YES \_\_\_\_\_ NO  
NCIC ENTRY BY: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

**RETURN OPTIONS:**

***Option 1 (preferred):*** Email completed forms and any scans to: **Citizen.Reporting@NewBedfordPD.com**

**Option 2:**

Return or Mail to:  
Headquarters at 871 Rockdale Avenue  
02740

**OR**

**Option 3:**

Return to:  
South Public Safety Building at  
912 Brock Avenue

**OR**

**Option 4:**

Call (508) 991-6350  
for additional  
assistance



# ***New Bedford Police Department Chief's Office***

871 Rockdale Avenue, New Bedford, MA 02740  
Phone: 508-991-6300 ext. 79452 Fax: 508-961-3022

**JONATHAN F. MITCHELL**  
Mayor

**PAUL OLIVEIRA**  
Chief of Police

**ADELINO SOUSA**  
Deputy Chief

## **INSTRUCTIONS FOR CIVILIAN REPORT FORM**

The NBPD has determined that your call has insufficient investigative leads or further information available to bring about an arrest and conviction for this crime. If any further information about this incident becomes available, please contact the police department and we will pursue our investigation.

In addition to submitting this report, you are encouraged to include any photos or video that you may have that are pertinent. You may return this form to us in one of the following ways:

- E-mail a copy (along with any digital scans or files) to [Citizen.Reporting@newbedfordpd.com](mailto:Citizen.Reporting@newbedfordpd.com)
  - Deliver it to either Station #2 or Headquarters
  - Mail it to:
    - New Bedford Police Department
    - Attn: Records Bureau
    - 871 Rockdale Avenue
    - New Bedford, MA, 02740
  - Call 508-991-6350 for additional service if needed.