



New Bedford Police Department

871 Rockdale Avenue, New Bedford, MA 02740
Phone: 508-991-6350

Joseph C. Cordeiro
Chief of Police

Paul J. Oliveira
Deputy Chief of Police

Instructions for Civilian Report Form

The officer, who responded to your call, after conducting a preliminary investigation, has determined there are no leads or further information available to bring about an arrest and conviction for this crime. If any further information about this incident becomes available from neighbors, or other sources, please contact the police department and we will pursue our investigation.

The officer has assigned a call number to this incident. You will note the police officer has signed the report and filled in the blocks indicating his/her observations of any property damage, or related information.

You are also encouraged to include photos indicating any damage with the submission of your report. Please deliver the report to any of the three police stations or mail a copy to the address below when complete (**within 48 hours**).

New Bedford Police Department
871 Rockdale Avenue
New Bedford, MA 02740
Attn: Central Records Bureau

English

It is our hope that this form will simplify the reporting of the incident and cause you, the taxpayer, the least inconvenience. If you have problems in filling out the report, sit down with a friend, or your insurance agent and have them assist you in completing this report form.

Portuguese

Esperamos que este formulário lhe facilite a denúncia do incidente e que lhe traga a si, o contribuinte, o mínimo de inconveniência. Se você tiver problemas para preencher o formulário, peça ajuda a um amigo ou ao seu agente de seguros.

Spanish

Esperamos que este formulario simplifique la notificación del incidente y le cause a usted, el contribuyente, el menor inconveniente. Si tiene problemas para completar el informe, siéntese con un amigo o su agente de seguros y pídale que lo ayuden a completar este formulario de informe.

New Bedford Police Department Civilian Incident Report

*Please use only Black or Blue ink.
Any report that is illegible or incomplete will not be processed.*

		MM/DD/YY	Time			
		Date & Time of Report				
INCIDENT	Offense/Incident		Date and Time of Occurrence			
			Last Seen			
	Location & Address		MM/DD/YY	Time		
			When Discovered			
	City, State, Zip		MM/DD/YY	Time		
VICTIM	Last, First, MI			Home Address		Phone [H]
	Sex	Race	DOB	Age	SSN	[C]
	Place of Employment, Street #, City, State, Zip			Occupation		[W]
VEHICLE	Year	Make/Model	Style	Color	Identifying Characteristics	
	Plate #	State	Expires MM/YY	Vehicle Identification Number (VIN)		Estimated Value \$
	Insurance Company (Name, Address, and Telephone)			Insurance Agent (Name, Address, and Telephone)		
PROPERTY	Property Description		Serial Number	ID/Model Number		Estimated Value
	1.					\$
	2.					\$

OFFICIAL POLICE USE ONLY	
OF # :	
CALL #:	
Reported	Supervisor #:
MM/DD/YY	
Time	
Officer's Name	Employee #:

	3.			\$
	4.			\$
	5.			\$

Narrative (describe what happened):

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 for up to 2 years or a fine of up to \$2,500.00 or both a fine and imprisonment - G.L. C268, S39. Persons convicted more than once of knowingly making false reports shall be punished by a mandatory minimum one year jail term.

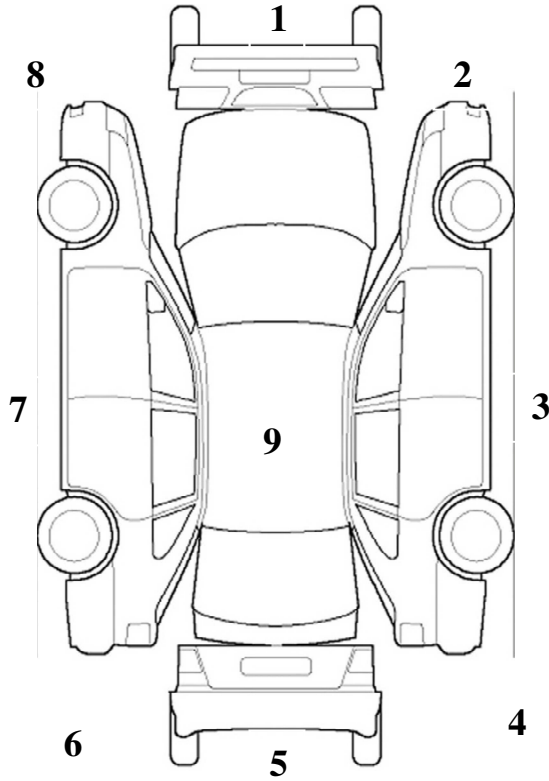
Signature:

Date:

(SEE BACK OF FORM)

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

Comments:	
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Signature:	Date:

Fold along dotted line.

*Place
Stamp
Here*

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