

Municipality Code Number									
N.J.	0							0	0
NCIC Code Number									

**STATE OF NEW JERSEY, DEPARTMENT OF LAW AND PUBLIC SAFETY
SUPPLEMENTARY HOMICIDE REPORT**

1a MURDER

1. Number of murders (column 4, Return A). Do not include suicides or attempts to murder. _____
2. Number of cases classified as Justified or Excusable homicides. (felon by police or felon by citizen) _____

Complete the categories below for all cases in number 1 and 2

Date	Data	Situation*	Victim			**Offender			Data Code			Weapon Used (Handgun, Rifle, Club, Shotgun, Poison, etc.)	Relationship of Victim to Offender (Husband, Wife, Son, Father, Acquaintance, Neighbor, Stranger, etc.)	Circumstances (Motive)	Place of Occurrence	Victim's Name	
			Age	Sex	Race	Age	Sex	Race	Do Not Write in These Spaces								
			18	19	21	22	23	25	26	27	29						31-33
1.																	
	Case Number																
2.																	
	Case Number																
3.																	
	Case Number																
4.																	
	Case Number																
5.																	
	Case Number																

*Situation Codes — A — Single Victim / Single Offender
 B — Single Victim / Unknown Offender
 C — Single Victim / Multiple Offenders
 D — Multiple Victims / Single Offender
 E — Multiple Victims / Multiple Offenders
 F — Multiple Victims / Unknown Offender

** Offender must be arrested, charged with offense or meet exceptional clearance criteria.

Forward by 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
 P.O. Box 7068, West Trenton, New Jersey 08628-0068

Do Not Use This Space

	Initial
Recorded	
Reviewed	
Punched	
Verified	
Adjusted	

Department Reporting

Report for the month of _____, _____ Year