

## On-line Reporting Form

Please complete this form as accurately as possible.

*N.J.S.A. 17:33A-9 provides immunity from civil suit for citizens who report insurance fraud in good faith and without malice. But a person who DELIBERATELY gives FALSE information to law enforcement authorities commits an offense! N.J.S.A. 2C:28-4.*

Name (optional) \_\_\_\_\_

Daytime Telephone(optional) \_\_\_\_\_

Email (optional) \_\_\_\_\_

County or Zip Code \_\_\_\_\_

Name of Person or Organization Committing Insurance Fraud \_\_\_\_\_

Their Date of Birth \_\_\_\_\_ Their SSN: \_\_\_\_\_

Their Address \_\_\_\_\_

Their Employer \_\_\_\_\_

Their Employer's Address \_\_\_\_\_

Location of Fraudulent Activity \_\_\_\_\_

Date(s) of Fraud \_\_\_\_\_ Time(s) of Fraud \_\_\_\_\_

Insurance Co. \_\_\_\_\_ Policy # \_\_\_\_\_

Claim# \_\_\_\_\_ Vehicle Reg # \_\_\_\_\_ Vehicle Type \_\_\_\_\_

Conspirators \_\_\_\_\_

In your own words, describe in as much detail as possible, what a person or business did to commit insurance fraud. (Attach additional sheets, if necessary)

---

---

---

---

---

When complete please mail to:

New Jersey Department of Law and Public Safety  
Division of Criminal Justice  
Office of Insurance Fraud Prosecutor  
P. O. Box 094  
Trenton, NJ 08625-0094