CHERRY HILL TOWNSHIP

OPEN PUBLIC RECORDS ACT REQUEST FORM

Cherry Hill Township

Date Received: 10/8/2020

Tracking Number: OPRA-Req-20-1226

Important Notice

The last page of this form contains important information related to your rights concerning government records. Please read it carefully.

Requestor Information

Name: Concerned Citizen

Address:

City: State: NJ Zip:

Telephone: Fax:

Email: xxxxxxxxxxxxxxxxxxxxxxxxxxx@xxxxxxxx.xxxxxxxxxxx.xxx

Preferred Delivery: E-Mail

☐ If you are requesting records containing personal information: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.

Signature: Date:

Payment Information

Maximum Authorized Cost 0

Letter size pages - $0.05 per page
Legal size pages - $0.07 per page
Other materials (CD, DVD, etc) - actual cost of material

Record Request Information:

Location:

Any and all records related to Case:S 1994 465617 as well as it's disposition.

AGENCY USE ONLY:

Est. Document Cost:
Est. Delivery Cost:
Est. Extras Cost:
Total Est. Cost:
Deposit Amount:
Estimated Balance:
Deposit Date:

AGENCY USE ONLY:

Disposition Notes:

Custodian: If any part of request cannot be delivered in seven business days, detail reason here.

In Progress - Open
Denied - Closed
Filled - Closed
Partial - Closed

AGENCY USE ONLY:

Tracking Information:

Tracking #
Rec'd Date
Ready Date
Total Pages

Final Cost:

Total
Deposit
Bal. Due
Bal. Paid

Records Provided:

Custodian Signature: Date:

OFFENSE REPORT
Police Department
Township of Cherry Hill

PATROL USE		INVESTIGATIVE USE		RECORDS USE	
Adult Arr.	☐ 10	Det. Assig. _____		Arrest	☐
XCLR Adult	☐ 20	Adult Arr.	☒ 10	CFS	☐
JUV. Arr.	☐ 30	XCLR Adult	☐ 20	Inc. Name	☒
XCLR Jur.	☐ 40	JUV. Arr.	☐ 30	Known Offen.	☐
Pending	☐ 60	XCLR Jur.	☐ 40	Inc. Susp.	☐
Unfounded	☐ 70	Pending	☐ 60	Offense	☒
		Disp. Date _____		Property	☐
				Vehicle	☐

01. Incident #	02. Date Reported	03. Time Reported	04. Offense Classification	05. Offense Code	06. U C R Code	07. Status	08. Grid
94-27038	5-26-94	1300	ASSAULT	54	0450		3

09. Location of Offense	10. Patrol Area	11. Shift	12. Badge #	13. Division
#100 PARK BLVD WATERFORD APTS 8C C.H. N.J.	2	2	133	DET.

14. Person Reporting Incident	15. Address	City	State	16. Res. Phone	17. Bus Phone
CHERYL CASSIDY	1038 PROSPECT RD GLOUCESTER TWP.	N.J.		[redacted]	

18. Victim Name (Last, First, Middle) Firm Name (if victim) ☒ if same as #14	19. Res. Phone	OFFENSE OCCURRED BETWEEN		
20. Residence/Bus. Address City State	21. Bus. Phone	27. Date 5-23-94	TO	Date 5-24-94
22. Age / 23. Sex / 24. Race / 25. Employer/School Address	26. Injured Yes ☐ No ☐	28. Time 1200	TO	Time 4:00
29. Witness #1 Name (Last, First, Middle)	30. Weather	31. Days of Week of Occurrence S M T W T F S		
32. Witness #1 Address City State	33. Res. Phone	34. Bus Phone		
35. Age / 36. Sex / 37. Employer/School Address City State				
38. Witness #2 Name (Last, First, Middle)	39. Address City State	40. Res. Phone		
41. Age / 42. Sex / 43. Employer/School	44. Address City State	45. Bus. Phone		

RECORD - TYPE I = Impounded SK = Safe Keeping D = Damaged T = Towed S = Stolen R = Recovered U = Used in Crime L = Lost F = Found E = Evidence

46. Item Number	47P. Record Type	48. Qty	49. Property Type	50. Brand, Make or Manufacturer	51. Model Name and Number	52. Description (Color - Size)	53. Serial No. or OAN	54. Value

55. Property Disposition	A. Currency	B. Jewelry	C. Furs	D. Clothing	F. Misc.	56. Total Property Stolen
	$	$	$	$	$	$

47V. Veh. Record Type	57. Name of Insurance Co. (Homeowner or Vehicle)							
58. VCO	59. VYR	60. VMA	61. VMO	62. VST	63. LIC	64. LIY	65. LIS	66. LIT
67. VIN	68. Other Identifying Marks					69. Stolen MV Value		
70. NCIC #	71. Entered NCIC ☐	72. Date	73. Time	74. ID #	75. Cancel NCIC ☐ SCIC ☐	76. Date	77. Time	78. ID #
79. Stolen From (ORI)	80. Owner Notified Yes ☐ No ☐	81. ORI Notified Yes ☐ No ☐	82. Name of Person Notified		83. Date	84. Time	85. Name Making Notification	
86. Arrest Made Yes ☐ No ☐	87. Victim ID Offender Yes ☐ No ☐	88. Require Domestic Rights Form Yes ☐ No ☐ N/A ☐	89. Other Officers At Scene ID #				90. Supervisor(s) at Scene ID #	
91. Medical Examiner Notified	92. County Detective Notified	93. Pronounced Dead By:	94. Time/Date of Pronouncement	95. Location				
96. Det. Notified Yes ☐ No ☐	97. Det. on Scene Yes ☐ No ☐	98. Crime Scene Unit Required Yes ☐ No ☐	99. Other Reports: Auto Theft Supp. ☐ Bias Rpt. ☐ UAR ☐ Removal ☐ Supplement ■ M.O. Form ☐ Prop. Receipt ☐ Statement ☐ Warrant ☐ Other ☐					

100. Reporting Officer Rank Name ID#	101. Reviewing Supervisor Rank Name ID#
Det. David R. Ellis 133	
Signature Det. David R. Ellis	Signature

CHPD #112 Rev 9/92