

SUSPICIOUS CRIME / ACTIVITY REPORT

WAS THIS A (CHECK ONE) CRIME SUSPICIOUS ACTIVITY

BRIEFLY DESCRIBE WHAT HAPPENED:

WHEN AND WHERE DID IT HAPPEN? DATE: _____ TIME: _____

COMMUNITY NAME: _____

ADDRESS: _____

SUSPECT DESCRIPTION:

SEX (CHECK ONE) MALE FEMALE

AGE: _____ HEIGHT: _____ WEIGHT: _____ RACE: _____

HAIR COLOR: _____ HAIR STYLE: _____

FACIAL HAIR: _____ TEETH: _____

GLASSES: _____ EYE COLOR: _____ COMPLEXION: _____

TATTOOS, AMPUTATIONS, SCARS AND/OR DISTINGUISHING MARKS:

NOTICEABLE ACCENTS OR SPECIAL CHARACTERISTICS OF SPEECH:

NUMBER OF SUSPECTS: _____ STATEMENTS MADE BY SUSPECT:

CLOTHING:

SHIRT: _____ PANTS: _____ COAT: _____

SHOES: _____ HAT: _____

JEWELRY: _____

WEAPON:

TYPE: _____ COLOR: _____

VEHICLE DESCRIPTION:

MAKE: _____ MODEL: _____ COLOR: _____ YEAR: _____

LICENSE PLATE: _____ STATE: _____

DENTS, SCRATCHES, MARKINGS, DECALS:

DIRECTION OF TRAVEL: _____

WITNESSES:

NAME: _____ NAME: _____

TELEPHONE NUMBER: _____ TELEPHONE NUMBER: _____

ADDRESS: _____ ADDRESS: _____

FORM COMPLETED BY: _____ DATE: _____