



SUSPICIOUS ACTIVITY / CRIME REPORT



Was this a: (check one) CRIME SUSPICIOUS ACTIVITY

Briefly describe what happened: _____

When did it happen? DATE: _____ TIME: _____

Where did it happen?

STREET: _____

ADDRESS: _____

NEAREST CROSS STREET: _____

SUSPECT DESCRIPTION

Sex: MALE FEMALE

Age: _____ Height: _____ Weight: _____ Race: _____

Hair Color: _____ Mustache, beard or sideburns: _____

Glasses: _____ Color of eyes: _____ Complexion: _____

Tattoos, amputations, scars and/or other distinguishing marks: _____

Noticeable accents or special characteristics of speech: _____

CLOTHING

Shirt: _____ Coat: _____ Trousers: _____

Shoes: _____ Tie: _____ Hat: _____

Rings, Bracelets, Necklaces or Earrings: _____

WEAPON

Handgun: _____ Rifle: _____ Knife: _____ Club: _____ Other: _____

DESCRIPTION OF VEHICLE

Make: _____ Year: _____ Body Style: _____ Color: _____

License Number: _____ State: _____ (if unable to identify state, color of license): _____

Identifying dents, scratches, wheels, markings: _____

ANSWER THE FOLLOWING

Number of subjects: _____ What they said: _____

Direction of departure: _____

Name and addresses of other witnesses: _____

Your name: _____ Your phone: _____

Your address: _____