

SUSPICIOUS ACTIVITY OR CRIME REPORT



Was this a (check one) CRIME SUSPICIOUS ACTIVITY

Briefly describe WHAT HAPPENED: _____

When did it happen? DATE: _____ TIME: _____

Where? STREET ADDRESS: _____

NEAREST CROSS STREET: _____

SUSPECT DESCRIPTION

Sex: Male Female Unknown

Age: _____ Height: _____ Weight: _____ Race: _____ Eye color: _____

Complexion: _____ Hair Color: _____

Mustache, beard, or sideburns: _____

Glasses: _____

Tattoos, amputations, scars, other distinguishing marks: _____

Noticeable accent or other special characteristics of speech: _____

CLOTHING

Shirt: _____ Coat: _____ Trousers: _____

Shoes: _____ Dress: _____ Hat/Headwear: _____

Rings, Piercings, Necklaces, Earrings, other Jewelry: _____

WEAPON DESCRIPTION

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

VEHICLE DESCRIPTION

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

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

Identifying scratches, dents, wheels, markings: _____

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ANSWER THE FOLLOWING

Number of subjects: _____

What they said: _____

Direction of departure: _____

Names/addresses of other witnesses: _____

Your name: _____ Your phone: _____

Your address: _____