



POLICE DEPARTMENT COUNTY OF SUFFOLK, NEW YORK
ACCREDITED LAW ENFORCEMENT AGENCY

ONLY TWO THINGS ARE REQUIRED OF YOU - OBSERVE AND REPORT

If you witness suspicious activity in your neighborhood, **call 911**, and use this form as a guide to record what you have observed.

Physical Description:

Name (Nicknames/Aliases) (if known): _____

Address (if known): _____

Sex: _____ Race: _____ Age: _____

Height: _____ Weight: _____ Build: _____

Hair (Color/Cut, etc.): _____

Eyes (Color; Normal/Droopy): _____ ☐ Eyeglasses ☐ Sunglasses:

Complexion: _____ Beard/Moustache: _____

Visible Scars/Marks/Tattoos: _____

☐ Right-handed ☐ Left-handed Weapon: _____

Other Items Carried: _____

Clothing (including color):

Hat/Cap: _____ Eye/Face Mask: _____

Coat/Jacket: _____

Shirt/Sweatshirt: _____

Pants/Shorts: _____ Shoes/Sneakers: _____

Method of Escape:

Direction of Travel: _____

☐ On Foot ☐ In Vehicle

Vehicle Description

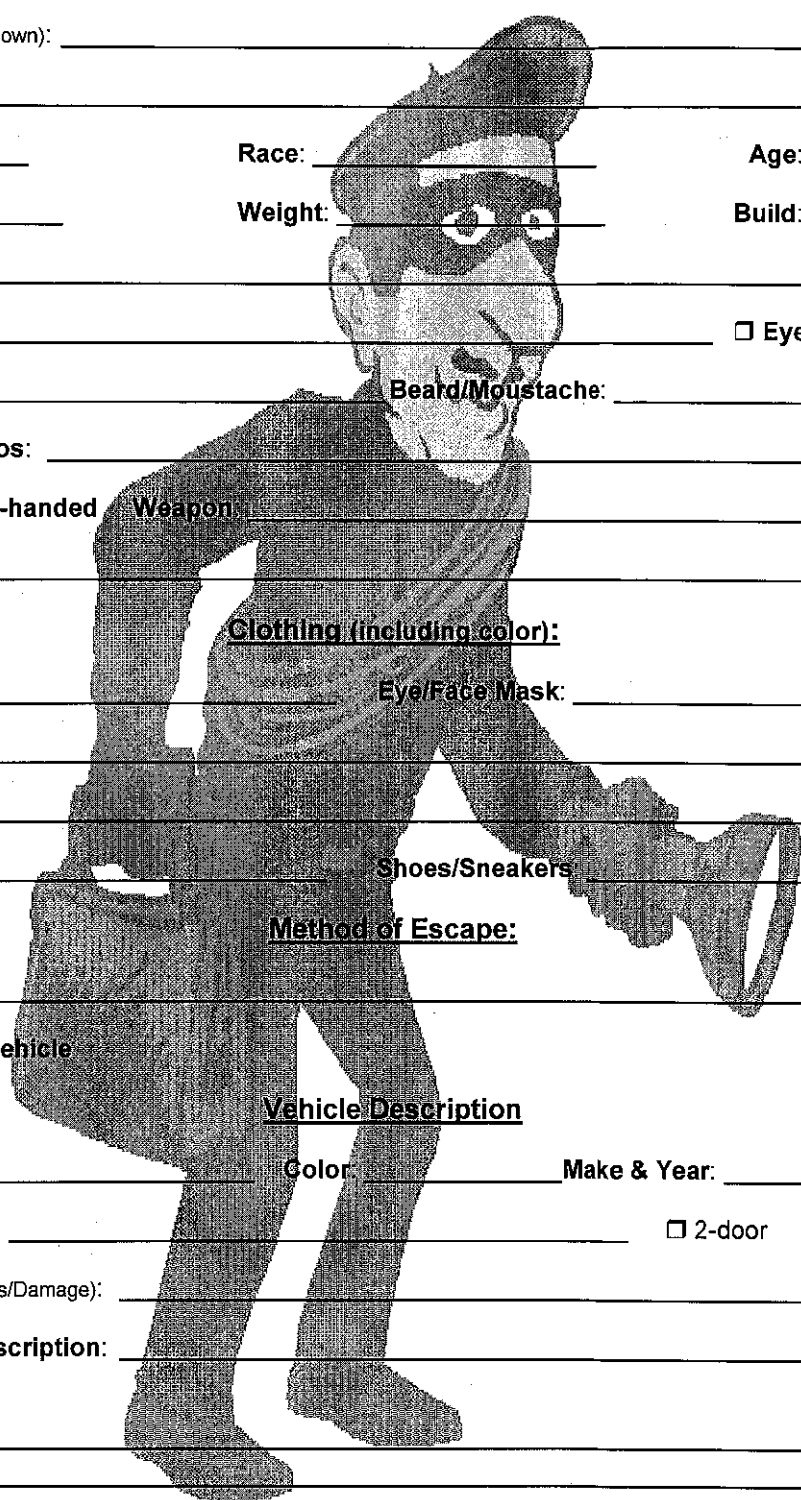
State: _____ License: _____ Color: _____ Make & Year: _____

Body Type (Sedan, SUV, etc.): _____ ☐ 2-door ☐ 4-door ☐ Hatchback

Vehicle Exterior (Attachments/Damage): _____

Number of Occupants/Description: _____

Other Observations: _____



In an ACTIVE SITUATION or EMERGENCY, CALL 911
HELP US HELP YOU!