

Information

DATE _____/TIME _____

LOCATION:

Car/Cars

1. License Plate _____
2. Make/Model/Color _____
3. Dents/damage _____

Person/Persons

HOW MANY:

1. Race _____
2. Outfit _____
3. Distinctive Marks/tattoos _____
4. Height/Weight _____
5. gender _____

Area

1. Where are you parked _____
2. Where is the suspicious activity taking place _____
3. What is going in _____

CONTACT:

911 if emergency! If non-emergency but needs to be reported call 911 and state non-emergency

or

Email information to longnecksuspect@gmail.com