



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!**