

Date: _____ Time: _____

Location: _____

Person Reporting: _____

Suspicious Person Worksheet

Sex	Est. Age	Est. Height	Est. Weight
Race	Hair Color	Eye Color	Facial Hair?
Scars/Marks	Tattoos	Face/Complexion	Nose
Hat	Eyewear	Piercing	Jewelry
Shirt/Dress	Pants	Bags	Footwear
Other (Name if known, etc.)			

Suspicious Vehicle Worksheet

Body Type		Color
<input type="checkbox"/> Sedan	<input type="checkbox"/> Truck	Make
<input type="checkbox"/> Van	<input type="checkbox"/> SUV	Model
License Plate – Number and State		Other Information

Description of Observed Activities

Identify, as thoroughly as possible, what was suspicious about the observed activities.

If you feel this is an emergency, dial 9-1-1.