

How to Report Illegal Drug Activity and Other Reoccurring Crime

HOT SPOTS

Association of Block Coalitions Eye Witness Report



What did you see or witness:

When did you see this happen: Date: _____ Time: _____

Where did it happen: _____

Who did it happen to: _____

Why did it happen: _____

Other information: (Remember the 5 "W")

FAX or mail this form to your Policing Department. You can also turn in forms at any neighborhood meeting. Information can be submitted electronically at www.thehomeownershipcenter.org.

Additional information if known

Description of Vehicle(s) if possible:

2 door sedan _____ 4 door sedan _____ Truck _____ Van _____ Station wagon _____

Color _____ Make _____ Model _____ License # _____

Name of suspect: _____ Nickname: _____

Description: Male ___ Female ___ White ___ Black ___ Hispanic ___ Asian ___ Other _____

Age _____ Hair color _____ Eye color _____ Height _____ Weight _____

Distinguishing clothing or characteristics: _____

Suspect's address if known: _____

Places Frequented: _____

(If you want to be contacted) Your Name _____ Telephone # _____

