



CLEVELAND COUNTY SHERIFF'S OFFICE

ALAN NORMAN, Sheriff

Community Oriented Police Division

704-484-4831 / 704-484-4782

Emergency: Please Dial 911

NEIGHBORHOOD WATCH

Suspicious Activity / Crime Report

Was this a (check one):	<input type="checkbox"/> CRIME	<input type="checkbox"/> SUSPICIOUS ACTIVITY
Briefly describe what happened:		
When did it happen?	DATE:	TIME:
Where did it happen?	STREET: _____	
	ADDRESS: _____	
	NEAREST CROSS STREET: _____	
SUSPECT DESCRIPTION (Use back of form for additional suspects)		
Suspect's Name (if known):		
Sex (check one)	<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE <input type="checkbox"/> UNKNOWN
Age:	Height:	Weight: Race:
Hair Color:	Facial Hair (mustache, beard, sideburns):	
Glasses:	Eye Color:	Complexion:
Tattoos, Scars and/or Other Distinguishing Marks:		
Noticeable Accents or Special Characteristics of Speech:		
CLOTHING (Use back of form for additional suspects)		
Shirt/Blouse:	Pants/Dress:	Coat:
Shoes:	Tie:	Hat:
Jewelry (Rings, Bracelets, Necklaces, Earrings):		
WEAPON		
<input type="checkbox"/> Handgun:	<input type="checkbox"/> Rifle:	<input type="checkbox"/> Knife: <input type="checkbox"/> Club: <input type="checkbox"/> Other:
VEHICLE DESCRIPTION		
Year:	Make:	Model: Style: Color:
License Number:	State:	If unable to identify state, color of license:
Identifying Markings (Dents, Scratches, Wheels):		
PLEASE COMPLETE THE FOLLOWING		
How many suspects?	What was said?	
What was the direction of departure?		
Was there a witness?	Name of Witness: _____	
(Use back of form for additional witnesses)	Address of Witness: _____	
	Telephone Number(s) of Witness: _____	
Your Name:	Your Phone:	
Your Address:		



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NEIGHBORHOOD WATCH

Family Information

Address:		Phone:				
		Phone:				
NAMES						
Adult Male:		Adult Female:				
Child 1:	Age:	Child 4:	Age:			
Child 2:	Age:	Child 5:	Age:			
Child 3:	Age:	Child 6:	Age:			
Other Occupants:						
CONTACT INFORMATION IN CASE OF AN EMERGENCY						
Name:		Telephone – Home:				
Address:		Telephone – Work:				
		Telephone – Cell:				
VEHICLES						
Owner	Year	Make	Model	Body Style	License No	State
1.						
2.						
3.						
OTHER INFORMATION						
Medical or Health Problems (specify name of person affected):						
Medical Training or Skills (specify name):						
Other Information and/or Comments:						