



**KNOXVILLE POLICE DEPARTMENT
SUSPICIOUS ACTIVITY/PERSON REPORT**



Incident date: _____ Time: _____ Was this a crime suspicious activity

Briefly describe what happened:

Address of incident: _____

Nearest cross street: _____

SUSPECT DESCRIPTION

Sex: Male Female Age: _____ Height: _____ Weight: _____ Race: _____

Hair color: _____ Mustache, beard or sideburns: _____

Eye color: _____ Complexion: _____ Glasses: Yes No

Tattoos, amputations, scars and/or other distinguishing marks: _____

Noticeable accents or special characteristics of speech: _____

CLOTHING

Shirt Coat Pants Shoes Tie Hat Jewelry

Description of clothing:

WEAPON

Handgun

Rifle

Knife

Club

Other

Description of weapon:

VEHICLE

Make: _____ Year: _____ Body style: _____

Color: _____ License #: _____ State: _____

If unable to identify state, color of license: _____

Identifying dents, scratches, wheels, markings: _____

ANSWER THE FOLLOWING

Number of subjects: _____ What they said: _____

Direction of departure: _____

Names & addresses of other witnesses: _____

Your name: _____ Your phone #: _____

Your address: _____

When this form is complete, please call one of the numbers below with the information

Emergency #: 911 / Non-Emergency #: 215-4010 / Anonymous Crime Hotline #: 215-7212