

Witness Information

Interviewing Agent: _____ Witness #: _____ Pg #: _____

Full Name:	SSN:	Sex:	DOB: ___/___/___
Address:	Apt/Ste	Cmp/Sb:	
City:	St:	Zip:	-- Own/Rnt/Rsd Yrs:
Phones: (H): () -	"Subject Data File" started?		
Phone:	Pager:	Cell Phone:	
Fax:	E-Mail:	Website:	
Place of Employment:	Supervisor:		
Address:	Title:		
City:	St:	Zip:	-- Website:
Phone: - x	Fax:	E-Mail	
Vehicle: Type:	Make:	Model:	Year: Colors: Body: Roof:
Marks/Features:			
VIN:	Tag:	State:	County:
Closest friend or relative: (if married, use for spouse) Name:			
Relationship:	SSN:	Sex:	DOB: ___/___/___
Address:	Apt/Ste:	Cmp/Sb:	
City:	St:	Zip:	-- Own/Rnt/Rsd Yrs.:
Phones: (H): () -			
Pager: () -	Fax: () -		
Cell Phone: () -	E-Mail:	Website:	
Place of Employment:	Supervisor:		
Address:	Website:		
City:	St:	Zip:	--
Phone: () -	Fax:	E-Mail:	
Other contact: Name:			
Relationship:	SSN:	Sex:	DOB: ___/___/___
Address:	Apt/Ste:		
City:	St:	Zip:	-- Own/Rnt/Rsd Yrs.:
Phone:	Pager:		
Cell Phone:	E-Mail:		
Fax:	Website:		
Place of Employment:	Supervisor:		
Address:	Website:		
City:	St:	Zip:	--
Phone: () -	Fax:	E-Mail:	
Short synopsis of testimony:			
Interviews: 1. ___/___/___ By: _____ 2. ___/___/___ By: _____ 3. ___/___/___ By: _____ 4. ___/___/___ By: _____			
Full deposition made on: ___/___/___		Recorded by:	Transcript filed in:

Staple Business Card here

SUSPICIOUS ACTIVITY -- TWO -- SUBJECTS AND VEHICLES

Use this page to describe people and vehicles associated with a suspicious activity report.

SUBJECTS

Subject # ___:	Sex:	Approx. Age:	Height:	Weight:	Shoe size:	Eye color:	Race:
Color / complexion:		Nationality:		Language spoken:		Accent:	
Hair color:		Hair style:		Hair length:		Wig or toupee? <input type="checkbox"/> Y <input type="checkbox"/> N Shoe size:	
Facial hair? <input type="checkbox"/> Y <input type="checkbox"/> N		If yes, describe:				<input type="checkbox"/> Left handed <input type="checkbox"/> Right handed	
Teeth: <input type="checkbox"/> Normal <input type="checkbox"/> Dentures <input type="checkbox"/> Braces <input type="checkbox"/> Retainer <input type="checkbox"/> Other description:							
Clothing:							
Glasses? Describe::							
Scars or Marks:							
Tattoos:							
Jewelry and/or Piercings:							
Cologne, odor, or aroma:							
Cigarettes or tobacco use:							
Food consumed:							

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Color / complexion:		Nationality:		Language spoken:		Accent:	
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Scars or Marks:							
Tattoos:							
Jewelry and/or Piercings:							
Cologne, odor, or aroma:							
Cigarettes or tobacco use:							
Food consumed:							

VEHICLES

Vehicle 1: Make:	Model:			Year:
Tag #:	Year:	State:	County:	VIN #:
Body Color(s):			Roof Color(s):	
Tires:			Gas or Diesel?:	
Bumper stickers or decals:				
Distinguishing marks, equipment, or damage:				
Interior Decoration:				
Vehicle 2: Make:	Model:			Year:
Tag #:	Year:	State:	County:	VIN #:
Body Color(s):			Roof Color(s):	
Tires:			Gas or Diesel?:	
Bumper stickers or decals:				
Distinguishing marks, equipment, or damage:				
Interior Decoration:				

 Other pages attached to describe additional subjects Other pages attached to describe additional vehicles.
SUSPICIOUS ACTIVITY -- TWO -- SUBJECTS AND VEHICLES