

PECULIAR POLICE DEPARTMENT SUSPECTED CRIMINAL ACTIVITY

Complete as much of the form as you can and return to the police department during normal business hours
Monday - Friday ~ 8:00 a.m. to 5:00 p.m. or mail to: Peculiar Police Department P.O. Box 653 Peculiar, MO 64078
Attention: Detective Unit

Date: _____

Time: _____

Your Name (Optional): _____

How did you get the information? _____

Please provide as much information as you can.

FACTS OF CRIME

Offense Type

- Auto Theft Burglary Robbery Rape Larceny / Theft
 Arson Drug Activity Homicide Assault Other
 Forgery / Fraud Fugitive (Outstanding Warrant)

Location of Offense: _____

Date of Offense: _____

Time of Offense: _____

Victim(s): _____

Explanation of Activity: _____

PEOPLE INVOLVED

Name(s): _____

SS# _____

Race / Sex: _____

Height / Weight: _____

Eye / Hair Color: _____

Clothing: _____

Additional Info: _____

VEHICLE INVOLVED

Year

Make/Model

Color

of Doors

License

State of Issue

Identifying Marks: _____

