

LMHA Hot Spot Form

YOU CAN MAKE A DIFFERENCE when YOU report CRIMINAL ACTIVITY on this sheet. THIS FORM IS FOR REPORTING CRIMINAL ACTIVITY **ONLY**, TO THE CRIMINAL INVESTIGATOR. ALL OTHER ISSUES SHOULD BE REPORTED TO YOUR MANAGER

Name(s) of Suspect: _____

Alias or Nickname: _____

Address (if known): _____

Physical Appearance: Male Female
 White Black Hispanic Other

Height: _____ Build: _____ Weight: _____ Estimated Age: _____

Scars/Marks, Tattoos, Piercings: _____

Clothing/Other physical characteristics: _____

Vehicle(s) Involved: _____

Dates of Crime: _____ Times: _____ Day: _____

Location (Building, Development, Apartment Number[s]): _____

Weapons Involved/Carried: Yes No
Lookouts Involved: Yes No Names: _____
Children Involved: Yes No Names: _____
Suspected Drug: Crack Marijuana Heroin Acid Other

Do you have any information on WANTED PEOPLE or SERIOUS CRIMES which have not been solved? _____

USE REVERSE SIDE OF THIS SHEET FOR ANY OTHER WRITTEN EXPLANATION OF FACTS

RETURN IN THE SELF-ADDRESSED STAMPED ENVELOPE PROVIDED

Additional forms are available in the Managers Office or by contacting the Criminal Investigator

FOR LMHA OFFICE USE ONLY-DO NOT WRITE BELOW THIS LINE.

Date of Birth: _____ Social Security Number: _____

Site: _____ Apartment: _____