

Neighbourhood Support Group Incident Report

When filled out please send to Karen Little, Neighbourhood Support Co-ordinator, P.O. Box 50, Orewa or e-mail to rodneys@rodneys.com.

GROUP IDENTITY _____

NAME _____

ADDRESS _____

_____ **TEL NO:** _____

INCIDENT DATE _____ **TIME** _____

PLACE IT OCCURRED _____

FACTUAL DESCRIPTION _____

CHARACTERISTICS OF OFFENDER/SUSPECT

APPROX
AGE _____ **BUILD** _____ **RACE** _____ **HEIGHT** _____

HAIR COLOUR _____ **LENGTH** _____ **STYLE** _____

COMPLEXION _____ **EYES** _____ **ACCENT** _____

PECULIARITIES (tattoos, scars etc.) _____

CLOTHING WORN _____

VEHICLE USED OR SEEN

Registration No: _____ **Make/Model** _____

Colour _____ **Distinguishing Features** _____

Other occupants or details _____

DIRECTION OF TRAVEL OR PLACE LAST SEEN (either person or vehicle) _____
