

# **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](mailto: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)** \_\_\_\_\_

\_\_\_\_\_