

SUSPICIOUS VEHICLE REPORT

Description:

License No. _____

Make _____

Model _____

Year _____

Color _____

Any outstanding identifying features:
(dents, bumper stickers, ornaments, lights,
broken windows, etc.)

Activity when observed: _____

Additional information or inst.: _____

DMV Check: Yes _____ No _____ (If "yes", give name and address on reverse side. If "no", give reason on reverse side.)

Additional information or instructions from Security Coordinator:

Copies sent: Yes _____ No _____ Where: _____

Copies returned: Date _____

Date

Guard

Reviewed by Security Supervisor

Date