

INCIDENT REPORT  
Suspicious Vehicle



National Community  
Security Program



License plate

Vehicle make/model

Colour

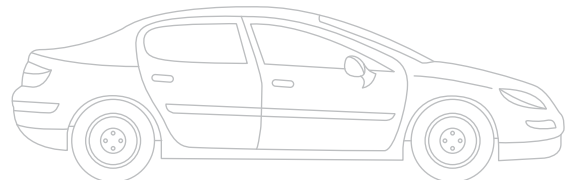
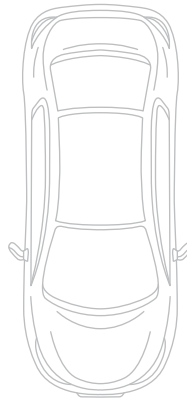
Vehicle type

Number of doors

Damage/condition

Marking notes

*Example: damage, external features,  
roof rack, sun roof, etc.*



Number of persons (male/female)

Speed/direction

Location of vehicle

Reason for suspicion

Additional information

Your name

Date

Time

Address

Phone number