

RIVERSIDE COUNTY SHERIFF'S DEPARTMENT

DISPATCH CALL QUESTIONS

Your Name:

Your Address:

Your Phone Number:

The suspicious activity you are reporting:

SUSPECT #1 INFORMATION:

Sex
Race
Age
Height
Weight Hair
Color Hair
Length Eye
Color
Clothing:
Hat
Glasses
Shirt
Pants
Shoes
Identifying Features:

SUSPECT #2 INFORMATION:

Sex
Race
Age
Height
Weight Hair
Color Hair
Length Eye
Color
Clothing:
Hat
Glasses
Shirt
Pants
Shoes
Identifying Features:

Vehicle Information:

Color:

Year:

Make:

Model:

Body Type:

License:

Damage or Marks:

Direction of Travel: