



**UNITED STATES COAST GUARD**  
**SUSPICIOUS ACTIVITY REPORT**



Any incident related to terrorism or possible terrorist activity requires **IMMEDIATE TELEPHONIC NOTIFICATION** to the National Response Center at **(800) 424-8802**. This would include bombings, bomb threats, suspicious letters or packages, and incidents related to the intentional release of chemical, biological or radioactive agents.

This Suspicious Activity Report is to assist the gathering of valuable information on suspicious or questionable activity on or around your area of operations.

**INCIDENT**

|                                                                                   |                                      |                                |
|-----------------------------------------------------------------------------------|--------------------------------------|--------------------------------|
| <b>Information Provided by</b> (circle)<br>1. WITNESS      2. PATROL      3. SELF | <b>Name of Officer</b> (Last, First) | <b>Date / Time of Incident</b> |
| <b>Justification</b>                                                              |                                      |                                |

**LOCATION**

| CITY / RURAL INFORMATION                                          |                |                                                 |                                                                                                                                        | GEOGRAPHIC COORDINATES                                                                  |  |
|-------------------------------------------------------------------|----------------|-------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|--|
| <b>Cross Streets</b><br>Distance of _____ from _____<br>and _____ | <b>Address</b> | <b>Highway / Road Number</b><br><br>Mile Marker | <b>Terrain</b> (circle)<br>1. On-road<br>2. Roadside<br>3. Wetlands<br>4. Farmland<br>5. Marsh<br>6. Beach<br>7. Ashore<br>8. In-water | <b>North</b><br>_____ degrees _____._____'<br><b>West</b><br>_____ degrees _____._____' |  |
| <b>Additional Description of Area</b>                             |                |                                                 |                                                                                                                                        |                                                                                         |  |

**PERSON**

| DESCRIPTION                              |                            |                                 |                       |                                                                                            |      |      |
|------------------------------------------|----------------------------|---------------------------------|-----------------------|--------------------------------------------------------------------------------------------|------|------|
| Race                                     | Sex                        | Age                             | Weight                | Height                                                                                     | Hair | Eyes |
| <b>Build / Body</b>                      | <b>Hair Length / Style</b> | <b>Facial Hair / Complexion</b> | <b>Teeth / Speech</b> | <b>Scars / Birthmarks / Deformities</b>                                                    |      |      |
| <b>Clothing / Appearance Description</b> |                            |                                 |                       | <b>Person was</b> (circle)<br>1. ALONE                                      2. ACCOMPANIED |      |      |

**IDENTIFICATION**

|                                                                                                                                                                 |                              |                                |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|--------------------------------|
| <b>Name of Individual</b>                                                                                                                                       | <b>Nickname / Alias</b>      |                                |
| <b>Address of Individual</b>                                                                                                                                    | <b>Date of Birth</b>         |                                |
| <b>Identification Type</b> (circle)<br>1. DRIVERS LICENSE      3. PASSPORT      5. SEAMAN'S BOOK<br>2. IDENTIFICATION CARD      4. U.S. VISA      6. FOREIGN ID | <b>Identification Number</b> | <b>Country/State of Origin</b> |

**IMMEDIATELY** contact the National Response Center at (800) 424-8802 to submit this report.

# SUSPICIOUS ACTIVITY REPORT (continued)

| SUSPECT ACTIVITIES (Circle Appropriate Information)                                                             |                                                                                                                                                                  |                                                                                   |          |                                                                                                                                                                                                                             |       |
|-----------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|
| MOVEMENT                                                                                                        | ACTIONS                                                                                                                                                          | KEY WORDS or PHRASES                                                              |          | WEAPON                                                                                                                                                                                                                      |       |
| 1. Standing<br>2. Walking<br>3. Running<br>4. Hiding<br>5. Driving<br>6. Parked<br>7. Swimming<br>8. Watercraft | 1. Observation<br>2. Note Taking<br>3. Photo Taking<br>4. Videotaping<br>5. Questioning People<br>6. Theft<br>7. Narcotics<br>8. Fishing / Hunting<br>9. Unknown | Suspicious words (explain)                                                        |          | 1. NONE<br>2. Handgun<br>3. Shotgun<br>4. Rifle<br>5. Simulated / Toy Gun<br>6. Brick/Rock<br>7. Knife<br>8. Explosives<br>9. Vehicle<br>10. Rope / Wire<br>11. Bodily Force<br>12. Poison / Drugs<br>13. Incendiary Device |       |
| VEHICLE                                                                                                         |                                                                                                                                                                  |                                                                                   |          |                                                                                                                                                                                                                             |       |
| MAKE                                                                                                            | MODEL                                                                                                                                                            | DOORS                                                                             | COLOR    | VIN                                                                                                                                                                                                                         |       |
|                                                                                                                 |                                                                                                                                                                  | 1. Two<br>2. Four<br>3. Hatch<br>4. Truck                                         |          |                                                                                                                                                                                                                             |       |
| TAG NO.                                                                                                         | STATE                                                                                                                                                            | IDENTIFYING CHARACTERISTICS<br>(Damage, Stickers, Hitch, Winch, etc.)             |          |                                                                                                                                                                                                                             |       |
|                                                                                                                 |                                                                                                                                                                  |                                                                                   |          |                                                                                                                                                                                                                             |       |
| VESSEL                                                                                                          |                                                                                                                                                                  |                                                                                   |          |                                                                                                                                                                                                                             |       |
| MAKE / MODEL                                                                                                    | TYPE                                                                                                                                                             | USE                                                                               | HULL NO. | COLOR SCHEME                                                                                                                                                                                                                | OWNER |
|                                                                                                                 |                                                                                                                                                                  | 1. Pleasure<br>2. Fishing<br>3. Bulk<br>4. Tanker<br>5. Other                     |          |                                                                                                                                                                                                                             |       |
| LENGTH                                                                                                          | PORT                                                                                                                                                             | IDENTIFYING CHARACTERISTICS<br>(Dock Number, Condition, Markings, Antennas, etc.) |          |                                                                                                                                                                                                                             |       |
|                                                                                                                 |                                                                                                                                                                  |                                                                                   |          |                                                                                                                                                                                                                             |       |
| SUMMARY OF EVENTS                                                                                               |                                                                                                                                                                  |                                                                                   |          |                                                                                                                                                                                                                             |       |
|                                                                                                                 |                                                                                                                                                                  |                                                                                   |          |                                                                                                                                                                                                                             |       |

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