



CITY OF PITTSBURGH
S.O.A.R.
SUSPICIOUS OBSERVATION / ACTIVITY REPORT
"See Something, Say Something"



This form is meant for use by police officers and the general public who observe activity that would not rise to the level of something requiring an official police report.

- This form does NOT replace dialing 911 for emergencies or for any police services.
- Please send this report to Pittsburgh Bureau of Police Intelligence Unit at FAX (412)323-7850 or scan and email to pbp.Intelligence@pittsburghpa.gov

GENERAL ACTIVITY INFORMATION

WHAT TYPE OF ACTIVITY?		WHEN DID THIS ACTIVITY OCCUR?		DO YOU KNOW OF ANY SUPPORTING MEDIA?	
<input type="checkbox"/> TERRORISM <input type="checkbox"/> CRIME TIP <input type="checkbox"/> DRUGS <input type="checkbox"/> GANGS <input type="checkbox"/> OTHER: _____		DATE ____/____/____ TIME _____ am pm DAY OF WEEK _____		<input type="checkbox"/> PHOTO <input type="checkbox"/> VIDEO <input type="checkbox"/> AUDIO <input type="checkbox"/> OTHER: _____ WHO IS IN POSSESSION OF THIS MEDIA? _____	
DESCRIBE THE ACTIVITY					
AT WHAT LOCATION(S) DID THE ACTIVITY OCCUR?					

SUSPICIOUS PERSON # 1 INFORMATION

NAME OF SUBJECT (Last, First MI), if known		NICKNAME	SEX	ETHNICITY	BUILD
EYE COLOR	SCARS MARKS TATOOS	HEIGHT	WEIGHT	HAIR COLOR	HAIR TYPE/LENGTH
ANY LOCATION WERE SUSPECT MAY RESIDE OR FREQUENT					SUSPECT PHONE NUMBER
DESCRIPTION (INCLUDE CLOTHING, MANNERISMS, ACCENT,					
<input type="checkbox"/> CHECK HERE IF NO PERSON WAS OBSERVED OR YOU CAN NOT DESCRIBE THEM					

VEHICLE INFORMATION

MAKE	MODEL	COLOR	YEAR	LICENCE PLATE	LICENCE STATE
VEHICLE DESCRIPTION (include any identifying marks, condition, rust, bumper stickers, etc.)					

SUBMITTING PERSONS INFORMATION (optional)

NAME (Last, First MI)		E-MAIL ADDRESS
ADDRESS		
HOME PHONE	CELL PHONE	OTHER PHONE
<input type="checkbox"/> CHECK HERE IF YOU WOULD LIKE TO REMAIN ANONYMOUS		

OTHER INFORMATION

<input type="checkbox"/> CHECK HERE IF THERE IS ADDITIONAL INFORMATION ON SECOND PAGE



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Additional Information Page (If Needed)

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SUSPICIOUS PERSON #2 INFORMATION

NAME OF SUBJECT (Last, First Mi), if known		NICKNAME	SEX	ETHNICITY	BUILD
EYE COLOR	SCARS MARKS TATOOS	HEIGHT	WEIGHT	HAIR COLOR	HAIR TYPE/LENGTH
ANY LOCATION WERE SUSPECT MAY RESIDE OR FREQUENT				SUSPECT PHONE NUMBER	
DESCRIPTION (INCLUDE CLOTHING, MANNERISMS, ACCENT,					

SUSPICIOUS PERSON #3 INFORMATION

NAME OF SUBJECT (Last, First Mi), if known		NICKNAME	SEX	ETHNICITY	BUILD
EYE COLOR	SCARS MARKS TATOOS	HEIGHT	WEIGHT	HAIR COLOR	HAIR TYPE/LENGTH
ANY LOCATION WERE SUSPECT MAY RESIDE OR FREQUENT				SUSPECT PHONE NUMBER	
DESCRIPTION (INCLUDE CLOTHING, MANNERISMS, ACCENT,					

Please Circle One - ADDITIONAL INFORMATION / CONTINUATION FROM FIRST PAGE:

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