Housing Authority of Savannah

HOT SPOT REPORT Date: _____

If you are aware of criminals or drug dealers who frequent the area, or of any illegal activity happening in the neighborhood, please send this in so we can work to stop it. Please **DO NOT** put your name on this form!

Name of Suspect: _____

Alias/Nicknames: _____

Address (if known): _____

Physical Appearance of Subject: ☐ Male ☐ Female

☐ White ☐ Black ☐ Hispanic ☐ Asian ☐ Other

Scars: _____ Mustache: _____ Glasses: _____ Hair Color: _____ Hair Style: _____

Estimated Weight: _____ Estimated Height: _____ Estimated Age: _____

Vehicle Tag Number: _____ Make/Model/Color: _____

Places Frequented: _____

Weapons Involved: _____

Lookouts Involved: _____

Crimes: ☐ Burglary ☐ Theft ☐ Other: _____

Drugs: ☐ Cocaine ☐ Crack ☐ Marijuana ☐ Heroine ☐ Other: _____

Information on wanted people or serious crimes that have not been solved: _____

_____

_____

Please print and mail to: **Housing Authority of Savannah**
P.O. Box 1179
Savannah, GA 31402-1179