NORTH KANSAS CITY POLICE DEPARTMENT
REPORT OF SUSPICIOUS ACTIVITY

IF THIS IS AN EMERGENCY OR REQUIRES IMMEDIATE ATTENTION CALL 911.

Suspicious Activity forms submitted by email are NOT monitored on a 24 hour basis.

To report suspicious activity you may complete this form and submit it via email or print the form and mail it to: North Kansas City Police Department, 2020 Howell Street, North Kansas City, MO 64116. Your report will be forwarded to the appropriate unit for investigation. Be informed that, dependent on the type of criminal action, police investigation may continue for an undetermined length of time with no publicly visible evidence of progress.

Your Name (Optional): _____ Your Phone (Optional): _____

Current Date: _____ Current Time: _____

DESCRIPTION OF SUSPICIOUS ACTIVITY

Location of Offense: _____

Date of Offense: _____ Time of Offense: _____

Victim(s) (if known): _____

Please describe, in detail, the suspicious activity you are reporting:

_____
_____
_____
_____
_____
_____
_____
_____
_____

SUSPECT #1

Name: _____

Alias: _____

Race: _____ Sex: _____ DOB/Age: _____

Height: _____ Weight: _____ Build: _____

SUSPECT #2

Name: _____

Alias: _____

Race: _____ Sex: _____ DOB/Age: _____

Height: _____ Weight: _____ Build: _____

VEHICLE INFORMATION
If Available

Make / Model: _____ Color: _____ Year: _____

License: _____ State: _____ Identifying Marks: _____

INTERNAL USE ONLY

DATE RECEIVED: _____ RECEIVED BY: _____ DATE FORWARDED: _____

FORWARDED TO: _____ ACTION TAKEN: _____