Report Illegal Activity!!

## **HOT SPOTS**

Name:	_
Address:	
	_
	_
Telephone Number:	_
	_

## \*\*IMPORTANT\*\*

Do not use this form for crimes in progress! Instead, call the Police Department at 911

NOTE: Your name and identity will be kept strictly confidential and will never be revealed to a defendant or defense attorney. However, we do ask that you identify yourself and supply an address or phone number so that a police officer will be able to contact you if need be to gain more details and information to assist his investigation. Fill this form out for any suspicious activity that you want to report, especially criminal activity including street drug sales or drug houses in your neighborhood. Fill out this Hot Spot form as completely as possible and as often as you can.

Date(s) of suspicious activity  Location				
Type of Drugs Unknown _	Cocaine Mari	juana Pills _	Heroin Other	
Description of Veh	van Sport U			Wagon
Make	Model	Color_	License	#
Name of Suspect _		Alias or S	Street Name	
	_ Female Caucasia _ Hair Color Eye C			Other
Suspect's address (if	ing or characteristic _ f known)			
` *	f suspicious activity) (1		• • •	
DATE YOU TURNE	D THIS IN			
DROP OFF OR MAI	L TO: Chemung Coun	ty District Attorne	y's Office, 226 Lake St	., Elmira. NY 1