

Suspicious/Terrorist Activity

Vehicles:

License Number: _____

State: _____

Color: _____

Body Style, 2 Door, extended cab, etc. _____

Make: _____

Direction of Travel: _____

Number of Occupants: _____

Suspicious Persons:

Height: _____

Weight: _____

Race: _____

Sex: _____

Age: _____

Clothing: _____

Other (gym bag, object, limping, etc): _____

Behavior (hiding, looking in cars, etc): _____

Terrorist Activity:

Mail to:

Parkersburg Police Department

1 Government Square

Parkersburg, WV 26102

Or e-mail to: parkersburgpolice@yahoo.com