



Connecticut Intelligence Center

CTIC


 Priority
 Routine

Incident Type

Instructions: You may use Adobe Acrobat to fill, save, email and print this form. Use the mouse to insert the cursor in a field or click check boxes. When completed, move cursor on the **Submit by Email (click)** and follow the instruction. **For reported Incident requiring Immediate/Priority response - Call (860) 706-5500, then complete this form.**

This report may be used to submit Suspicious Activity, 911 call and HLS Tips to the Connecticut Intelligence Center. Members should use this report to supplement, but not supercede, any incident or offense report procedures in use by your department. No portion of this document will be released without the submitting agency's express consent.

PERSON TAKING / REPORTING INCIDENT

NAME (Last, First Middle)	TITLE/RANK	AGENCY/DEPT	TELEPHONE NO.

DATE OF INCIDENT	DAY OF WEEK	TIME	LOCATION OF INCIDENT	CITY	STATE	ZIP CODE

SUSPICIOUS ACTIVITY REPORTING

 Criminal Suspicious

If applicable describe activity: (Check all applicable)

Briefly Describe Activity:

SUBJECT DESCRIPTION (IF KNOWN)

SUBJECT 'S NAME (Last, First Middle)	ADDRESS	CITY	STATE
<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown		

DATE OF BIRTH	SEX	SSN	TELEPHONE NO.	IDENTIFICATION TYPE	IDENTIFICATION NUMBER

AGE	BUILD	HEIGHT	WEIGHT	HAIR	EYES	RACE	CONDITION OF SUBJECT (Check if applicable)
		ft in					<input type="checkbox"/> ASSAULT <input type="checkbox"/> WEAPONS <input type="checkbox"/> ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> OTHER

FIELD INTERVIEW CONDUCTED YES NO

If Yes: Please provide a copy of statement DISTINGUISHING FEATURES/MULTIPLE SUBJECTS	POSSIBLE AKA INFORMATION	
	AKA NAME	<input type="text"/>
	AKA DOB	<input type="text"/>
	AKA SSN	<input type="text"/>

VEHICLE DESCRIPTION (IF KNOWN/APPLICABLE)

YEAR	MAKE	MODEL	VEH TYPE	COLOR	REGISTRATION	STATE	VEHICLE IDENTIFICATION NUMBER (VIN)

VEHICLE TYPE: Passenger Commerical Motorcycle Boat

SOURCE/COMPLAINANT INFORMATION

If Source: (Check all applicable) **CREDIBLE** YES NO (Explain Your Reason in The Narrative) Source Available to be interviewed

SOURCE 'S NAME (Last, First Middle)	ADDRESS	CITY	STATE

DATE OF BIRTH	SEX	RACE	SSN	TELEPHONE WORK	HOME	CELL

RELATED REPORTS

Reporting Department	Reporting Incident

CTIC ONLY: REPORT PROVIDED TO

FBI - SQUAD JTTF US COAST GUARD OTHER
 CSP RILO

NAME OF REPORT AGENCY	CONNECTICUT INTELLIGENCE CENTER TRACKING #

**Connecticut Suspicious Activity Report
For reported Incident requiring Immediate/
Priority response - Call (860) 706-5500**

Case/Incident #

CONNECTICUT INTELLIGENCE CENTER TRACKING #

SUMMARY OF REPORTED INCIDENT

Provide Summary in the Space Below (or Attach Related Report(s))

Current Date