

Crime Stoppers Buffalo Tip Line Guide

We prepared this form as a guide to assist in gathering information to help regain sensibility in our streets and community. The information provided may help law enforcement. Families, neighbors and friends are our first line of defense in helping those affected by this epidemic.

****Please complete whatever information you can compile****

Your contact information: (optional)

Name: _____

Phone: _(____)_____

Email: _____

Best way to reach you: _____

Best hours to reach you: _____

Suspect(s) Information:

Name: _____

Street/Nickname: _____

Address: _____

Phones: _____

Physical Description: sex: ____ age: ____ height: ____ weight: ____

eye: ____ build: ____ hair: ____ race: ____ employment: _____

tattoos/scars: _____

Vehicle Color, Make, Model: _____

Vehicle Plate Number: _____

Any weapons observed (describe in detail)

Place of Activity: _____

Hours of Activity: _____

Corners / locations frequented: _____

Method or way the suspect sells drugs (be as specific as possible):

Observations of where the suspect may stash or hide drugs/weapons.

Facebook / Snapchat / Twitter Account Name(s):

Type of drugs: _____

Dates activity first observed: _____ last observed: _____

Persons Associated with: _____

Any comments: _____

Why do you believe this is drug activity?: _____

How do you know this is drug activity? : _____

Attach text/email messages: