

Reviewed by: (1) _____ (2) _____ (3) _____

Follow up needed: Y / N _____ Assigned to: _____

Follow up to be done: _____

FCIC/NCIC search of residents: _____

Entered into Leads Tracking: Y / N _____ Lead #: _____

NEIGHBORHOOD CANVASS

Address: _____

| | | | | | |
|-----------------------------------|-------|-----------------------------------|-------|-----------------------------------|-------|
| 1 st Attempt: Date: | Time: | 2 nd Attempt: Date: | Time: | 3 rd Attempt: Date: | Time: |
|-----------------------------------|-------|-----------------------------------|-------|-----------------------------------|-------|

| | |
|--|--|
| Interviewing Officer #1: Agency: _____ Phone #: _____ | Interviewing Officer #2: Agency: _____ Phone #: _____ |
|--|--|

IS THE VICTIM'S HOME VISIBLE FROM THIS LOCATION? Yes No

IS THE ABDUCTION SITE VISIBLE FROM THIS LOCATION? Yes No

VEHICLE DESCRIPTIONS AND REGISTRATION INFORMATION PRESENT AT LOCATION

| License # and State | Color/Make/Model/Year | Owner of Vehicle |
|---------------------|-----------------------|------------------|
| | | |
| | | |

1. CONTACT INFORMATION

| | | |
|---|-------------|-----------------------|
| Full Name (Request Positive ID): _____ | | |
| Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female | Race: _____ | DOB: _____ |
| DL # and State: _____ | | SSN: _____ |
| Home Phone: _____ | | Cell Phone: _____ |
| Work Phone: _____ | | Other Phone(s): _____ |
| Was subject shown Amber Alert / Missing Child Alert Flyer? YES <input type="checkbox"/> NO <input type="checkbox"/> | | |
| Comments: _____ | | |

2. NAMES OF ALL OCCUPANTS WHO RESIDE AT THIS HOME/LOCATION?

| Name | Phone # | Race | Sex | Age/DOB | Interviewed |
|------|---------|------|--|---------|---|
| | | | <input type="checkbox"/> Male <input type="checkbox"/> Female | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | <input type="checkbox"/> Male <input type="checkbox"/> Female | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | <input type="checkbox"/> Male <input type="checkbox"/> Female | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | <input type="checkbox"/> Male <input type="checkbox"/> Female | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | <input type="checkbox"/> Male <input type="checkbox"/> Female | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| 3. NAMES OF ALL OCCUPANTS AND VISITORS AT THIS HOME/LOCATION AT THE TIME OF THE INCIDENT? | | | | | |
|---|---------|------|--|---------|---|
| Name | Phone # | Race | Sex | Age/DOB | Interviewed |
| | | | <input type="checkbox"/> Male <input type="checkbox"/> Female | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | <input type="checkbox"/> Male <input type="checkbox"/> Female | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

4. DO YOU KNOW THE VICTIM or THE VICTIM'S FAMILY?

Yes No *If No, continue to # 6*

5. TELL ME EVERYTHING YOU KNOW ABOUT THE VICTIM AND FAMILY (INCLUDING VICTIM'S FRIENDS)

6. ARE YOU AWARE OF ANY PERSON (S) WHO WOULD WISH TO HARM THE VICTIM AND HIS/HER FAMILY?

Yes No **Details:**

7. WERE YOU OR ANYONE ELSE HOME ON THE DAY OF THE INCIDENT?

Yes No

8. WHAT ACTIVITY DID YOU SEE OR HEAR AT OR NEAR THE VICTIM'S HOME?

9. DO YOU HAVE A DOG? DID IT BARK? AT WHAT TIME?

Yes No **TIME:**

10. WHAT IS THE USUAL DAILY ACTIVITY IN THIS AREA (DAY AND NIGHT)? AT TIME OF INCIDENT?

11. WHAT HAVE YOU NOTICED IN THE PAST TWO MONTHS THAT IS SUSPICIOUS OR UNUSUAL?

12. WHAT DELIVERY PEOPLE and/or SOLICITORS COME TO THIS AREA?

13. HAS ANY CONSTRUCTION ACTIVITY OCCURRED IN THE VICINITY IN RECENT MONTHS?

Yes No

Location:

14. HAS THERE BEEN ANY NEIGHBORHOOD EVENTS IN RECENT WEEKS? IF SO, PROVIDE DETAILS

Yes No

- | | |
|--|---|
| <input type="checkbox"/> Garage sales/Estate sales | <input type="checkbox"/> Flea Markets |
| <input type="checkbox"/> Parties/BBQs | <input type="checkbox"/> Open Houses |
| <input type="checkbox"/> Carnivals/Fairs/Parades | <input type="checkbox"/> Sports Leagues/Games |
| <input type="checkbox"/> People moving in or out | <input type="checkbox"/> Social Groups/Meetings |
| <input type="checkbox"/> Other | |

DETAILS: _____

15. WHAT VEHICLES WERE PRESENT IN THE AREA AROUND THE TIME OF THE INCIDENT?

| License # and State | Color/Make/Model/Year | Owner of Vehicle |
|---------------------|-----------------------|------------------|
| | | |
| | | |

16. DID YOU OBSERVE ANY VEHICLES NOT NORMALLY IN THE AREA?

| License # and State | Color/Make/Model/Year | Owner of Vehicle |
|---------------------|-----------------------|------------------|
| | | |
| | | |
| | | |

17. WHAT PERSON (S) WERE IN THE NEIGHBORHOOD AROUND THE TIME OF THE INCIDENT?

| Name/Description/Title | Sex | Description |
|------------------------|---|-------------|
| | <input type="checkbox"/> Male <input type="checkbox"/> Female | |
| | <input type="checkbox"/> Male <input type="checkbox"/> Female | |
| | <input type="checkbox"/> Male <input type="checkbox"/> Female | |

18. DID YOU OBSERVE ANY PERSON (S) NOT USUALLY IN THE AREA?

Yes No

| Name/Description/Title | Sex | Description |
|------------------------|---|-------------|
| | <input type="checkbox"/> Male <input type="checkbox"/> Female | |
| | <input type="checkbox"/> Male <input type="checkbox"/> Female | |
| | <input type="checkbox"/> Male <input type="checkbox"/> Female | |

19. WHO IS USUALLY ENTERING OR LEAVING THE AREA AROUND THE TIME OF THE INCIDENT?

| Name/Description/Title | Sex | Description |
|------------------------|---|-------------|
| | <input type="checkbox"/> Male <input type="checkbox"/> Female | |
| | <input type="checkbox"/> Male <input type="checkbox"/> Female | |
| | <input type="checkbox"/> Male <input type="checkbox"/> Female | |

20. HAVE ANY NEIGHBORS RECENTLY MOVED FROM OR HAVE NOT BEEN SEEN IN THE AREA?

Yes No

Explain:

21. DOES YOUR HOME HAVE ANY EXTERIOR SURVEILLANCE SYSTEM?

Yes No

ARE YOU AWARE IF YOUR NEIGHBORS HAVE VIDEO OR CAMERA SURVEILLANCE?

Name: _____ Address: _____

Name: _____ Address: _____

22. ARE YOU AWARE OF ANYONE WHO MAY HAVE INFO OR EVIDENCE RELATING TO THIS INCIDENT?

Yes No

Details:

23. HAS ANYONE AT THIS RESIDENCE BEEN ARRESTED OR ARE WANTED?

Yes No

24. DO YOU KNOW IF ANY OF YOUR NEIGHBORS HAVE BEEN ARRESTED OR ARE WANTED?

Yes No

25. ARE THERE ANY SEX OFFENDERS IN THE AREA OR ANYONE YOU BELIEVE IS A SEX OFFENDER WHO HAS NOT REGISTERED?

Yes No

26. IS THERE ANYTHING WE HAVE NOT ASKED YOU THAT YOU THINK WOULD BE IMPORTANT TO SHARE?

Yes No

27. ASK FOR CONSENT TO SEARCH THE RESIDENCE, VEHICLES AND STORAGE AREAS

| | |
|--|--------------------------------------|
| <p>Consent To Search Obtained:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> | <p>Name of Person Who Consented:</p> |
| <p>Areas Searched:</p> <p><input type="checkbox"/> House</p> <p><input type="checkbox"/> Garage/Carport</p> <p><input type="checkbox"/> Cars/Trucks</p> <p><input type="checkbox"/> Sheds/Outbuildings</p> <p><input type="checkbox"/> Boats</p> <p><input type="checkbox"/> Trailers/RVs</p> <p><input type="checkbox"/> Other:</p> | <p>Details:</p> |

Investigator's additional notes: _____

