

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

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

Follow up to be done: _____

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

ROADBLOCK CANVASS

LOCATION:	DATE:	TIME:
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AUTHOR

Interviewing Officer:	Agency:	
Telephone #:	Date:	Time:

VIDEO SURVEILLANCE

IS THERE VIDEO SURVEILLANCE IN THE VICINITY?
YES NO LOCATION: _____

VEHICLE REGISTRATION (STATE, TAG NUMBER, VIN AND OWNER)

State:	Tag #:	Year:	VIN:
Make:	Model:	Color:	Owner:

COMPLETE IDENTIFICATION OF ALL VEHICLE OCCUPANTS

Full Name:	DL # and State:		
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Race:	DOB:	SSN:
Full Name:	DL # and State:		
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Race:	DOB:	SSN:
Full Name:	DL # and State:		
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Race:	DOB:	SSN:
Full Name:	DL # and State:		
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Race:	DOB:	SSN:

WERE ALL PASSENGERS SHOWN AMBER ALERT / MISSING CHILD ALERT FLYER?
YES NO DID ANYONE RECOGNIZE MISSING CHILD?

HOW OFTEN DO THEY TRAVEL THIS ROUTE?

DID THEY TRAVEL THIS ROUTE ON THE DAY OF THE INCIDENT?

Yes No WHAT TIME: _____ WHAT DID THEY OBSERVE? (use reverse side)

WAS VEHICLE SEARCHED? WHO GAVE CONSENT?

YES NO NAME OF CONSENTING PARTY: _____ SIGNATURE: _____