

NEIGHBORHOOD HOT SPOTS

TOGETHER WE CAN MAKE OUR COMMUNITIES A BETTER AND SAFER PLACE TO LIVE
HOT SPOT FORMS HELP THE DISTRICT ATTORNEY AND COMMUNITY PROSECUTION UNIT IDENTIFY PROBLEMS IN YOUR COMMUNITY

I have witnessed (check all that apply):		
<u>CRIMINAL</u>	<u>CIVIL</u>	<u>ENVIRONMENTAL</u>
<input type="checkbox"/> Domestic Violence <input type="checkbox"/> Drug Activity (sales/use) <input type="checkbox"/> Gang Graffiti <input type="checkbox"/> Prostitution <input type="checkbox"/> Guns/Shootings <input type="checkbox"/> Fights	<input type="checkbox"/> Loitering <input type="checkbox"/> Loud Music/Dogs Barking <input type="checkbox"/> Public Drinking <input type="checkbox"/> Property Damage <input type="checkbox"/> Gang Activity <input type="checkbox"/> Entry/Thefts	<input type="checkbox"/> Garbage/Junk <input type="checkbox"/> Broken Windows <input type="checkbox"/> Abandoned Auto <input type="checkbox"/> Overgrown Grass/Weeds <input type="checkbox"/> Loose Animals <input type="checkbox"/> Overcrowding <input type="checkbox"/> Traffic/In & Out

Today's Date _____

Problem Address/ specific location: _____

Apartment number: _____ Upper Lower Front Back

Describe in detail the nuisance or criminal activity: _____

How long has the activity been observed: _____ Date last observed: _____

Most active hours: Nighttime Daytime Weekends Parties Other _____

If drug related, selling is done at: Door Front/ Side/ Back Window Front/ Side/ Back Street Alley

At the problem property, are there: Guns/weapons Dogs Children Elderly Other _____

Who is coming to location: Males White Black Hispanic Other

Ages _____

Females White Black Hispanic Other

Ages _____

Suspects' names/nicknames: _____

Male Female White Black Hispanic Other Ages: _____ Height: _____

Weight: _____ Hair Color: _____ Gang Member: No Yes What Gang: _____

Vehicle: Model: _____ Year: _____ Color: _____

License Plate: _____

Additional Information/ Concerns:

If you choose, please provide the following information so that we can contact you if we have questions or updates. Your contact information will not be released without prior consultation. Thank you for your willingness to help.

Your name: _____ Telephone: _____

Address: _____

Report Concerns Or Return This Form To:



Jake Corr
Asst. District Attorney
District 5
2920 N 4th St.
Milwaukee, WI 53212

