

OFFICE USE ONLY
ANCILLIARY.....
LSA ADVISED.....
TIME.....DATE.....ID.....

SOURCE:
NAME.....
ORGANISATION.....
CONTACT DETAILS.....



FIRE PREVENTION STRATEGIC ALLIANCE PERSON OF INTEREST DESCRIPTION FORM

INCIDENT TIME DATE BAN DAY Yes/No AMBIENT TEMP.....

LOCATION.....

UBD OR CFS MAP REF

SPOT FIRE REMNANTS: Yes / No

NARRATIVE include details of behaviour/ activity/fire remnants)

VEHICLE(S)

VEHICLE 1

REG.
MAKE
BODY TYPE
IDENTIFYING FEATURES

VEHICLE 2

REG.
MAKE
BODY TYPE
IDENTIFYING FEATURES

PERSON(S) (if more than one person attach sheet)

Height.....Weight.....Age.....Build.....Clothing.....Male/Female.....

Hair colour.....Hair style.....Facial hair?.....Tattoos evident.....

Tattoo descriptor.....Ethnicity?.....

Email ASAP to: DL:SAPOL Operation NOMAD (preferred method)

For **URGENT** sightings call 131 444
For **CRIME IN PROGRESS** call 000

Alternatively fax to: 8172 5138
or post to: "Operation NOMAD"
GPO Box 1539, Adelaide 5001