

# 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

<b>I have witnessed (check all that apply):</b>		
<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:



Christopher Ladwig  
Asst. District Attorney  
District 3  
2333 N. 49<sup>th</sup> Street

CPU Coordinator  
John Connelly  
(414) 871-4793  
jconnelly@northavenuecdc.org



Milwaukee, WI 53208

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gbv%3D2%26hl%3Den&ei=U6l8StK\\_J4SyNqvCwYoD](http://images.google.com/imgres?imgurl=http://www.county.milwaukee.gov/ImageLibrary/Groups/Everyone/L<br/>ogo.jpg&imgrefurl=http://www.county.milwaukee.gov/CourtServices7714/ClerkHomePage/AboutUs.htm&usg<br/>=__-<br/>iQmdGpHetfo0MvidEtlXYiSTYc=&h=482&w=494&sz=71&hl=en&start=7&sig2=qA3lRgM5qusCdDVw-<br/>iakKg&tbnid=JupUUvuUpfct2M:&tbnh=127&tbnw=130&prev=/images%3Fq%3Dmilwaukee%2Bcounty%26<br/>gbv%3D2%26hl%3Den&ei=U6l8StK_J4SyNqvCwYoD)

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