



**COUNTY of INGHAM
State of Michigan
SHERIFF'S OFFICE**

**Gene L. Wriggelsworth
Sheriff**

Village Of Webberville Suspicious Activity/Criminal Tip Sheet

******IF THIS IS AN EMERGENCY OR CRIME PRESENTLY OCCURRING CONTACT 911******

Instructions: Complete the Tip Sheet Information and a Deputy will investigate the Suspicious/Criminal Activity reported. The Deputy will follow-up with the reporting resident at their request. You may be anonymous or provide your information. Each tip will be followed up and tip report generated. Please fill out as much information as possible.

Reporting residents may either e-mail their form to e-mail addresses listed below or place the tip sheet into the Village Water Bill Drop Box located in the vestibule of the Village Offices. Village staff will place into Sheriff's Office mail.

Note: Please do not change master on-line form. If you prefer to e-mail tip, please copy and modify copy to e-mail.

Describe the type of Suspicious/Criminal Activity:

Does this involve a current investigation? (Provide identifying information):

Does this involve something you heard on the news or read in the newspaper? :

Address or where the activity is occurring:

When is the activity occurring? (Days of the Week/Time/ Related Timing Information):

Have you witnessed the Activity? (Describe) :

Do you know the names or identities of the people involved? (Provide names or descriptions):

Are there vehicles involved? (Make/Model/Color/Damage/Plate) :

Additional Information:

Contact Information:

Do Not Contact me. Wish to remain Anonymous YES _____ NO _____

Contact me:

Name: _____

Address: _____

Phone Number: _____

E-Mail : _____

E-Mail Form to the following :

“so_Webbervilletips@ingham.org” (Proposed Tip Address)

Sergeant Matthew Flint: so_flint@ingham.org

Deputy James Cousino: so_cousino@ingham.org

Deputy Michael Graham: so_graham@ingham.org

Preferred Method of Contact: Visit _____ Phone _____ E-Mail _____

Tip Sheet Tracking: (Sheriff's Department Use)

Tip Tracking Number: _____

Date Received: _____

Deputy Assigned: _____

Tip Disposition: (Brief)

No Criminal Activity: _____ **Referred other Dept:** _____

Criminal Complaint Opened (List #): _____ **Date Complete:** _____

Briefly Describe Disposition: