



HOON REPORT

Call police on 131 444 to report dangerous, reckless or anti-social driving (hoon) behaviour. Take this completed form to your local police station or use it to help provide more information about the hoon behaviour when you call police.

Submitted by _____

of (address) _____

Telephone _____

Willing to give evidence in court? Yes No

Date of incident _____

Time of incident _____

Location of incident _____

Weather conditions _____

Traffic/Pedestrian density at time of incident _____

Driver's name (if known) _____

Address of driver (if known) _____

Number of people in vehicle _____

Is video/photographic evidence available? _____

DESCRIPTION OF DRIVER PLEASE TICK APPROPRIATE BOXES

Description - tick box as appropriate

Gender	<input type="checkbox"/> Adult M	<input type="checkbox"/> Adult F	<input type="checkbox"/> Juvenile M	<input type="checkbox"/> Juvenile F	<input type="checkbox"/>
Appearance	<input type="checkbox"/> Asian	<input type="checkbox"/> Aboriginal	<input type="checkbox"/> African	<input type="checkbox"/> Caucasian	<input type="checkbox"/> Other
Age	<input type="checkbox"/> < 10	<input type="checkbox"/> 10-20	<input type="checkbox"/> 20-30	<input type="checkbox"/> 30-40	<input type="checkbox"/> 40-50 <input type="checkbox"/> 50-60 <input type="checkbox"/> 60>
Height (cm)	<input type="checkbox"/> <150	<input type="checkbox"/> 150-160	<input type="checkbox"/> 161-170	<input type="checkbox"/> 171-180	<input type="checkbox"/> 181-190 <input type="checkbox"/> 190>
Hair colour	<input type="checkbox"/> Blonde	<input type="checkbox"/> Brown	<input type="checkbox"/> Black	<input type="checkbox"/> Grey	<input type="checkbox"/> Red <input type="checkbox"/> Other
Hair length	<input type="checkbox"/> Bald	<input type="checkbox"/> Short	<input type="checkbox"/> Collar	<input type="checkbox"/> Shoulder	<input type="checkbox"/> Long <input type="checkbox"/> Other
Hair type	<input type="checkbox"/> Straight	<input type="checkbox"/> Curly	<input type="checkbox"/> Wavy	<input type="checkbox"/> Tied back	<input type="checkbox"/> Mullet <input type="checkbox"/> Other
Build	<input type="checkbox"/> Slim	<input type="checkbox"/> Medium	<input type="checkbox"/> Solid	<input type="checkbox"/> Obese	<input type="checkbox"/> Other
Complexion	<input type="checkbox"/> Dark	<input type="checkbox"/> Fair	<input type="checkbox"/> Olive	<input type="checkbox"/> Ruddy	<input type="checkbox"/> Other
Eye colour	<input type="checkbox"/> Blue	<input type="checkbox"/> Brown	<input type="checkbox"/> Green	<input type="checkbox"/> Hazel	<input type="checkbox"/> Grey <input type="checkbox"/> Other
Facial hair	<input type="checkbox"/> Beard	<input type="checkbox"/> Goatee	<input type="checkbox"/> Moustache	<input type="checkbox"/> Sideburns	<input type="checkbox"/> Other
Features	<input type="checkbox"/> Scars	<input type="checkbox"/> Tattoos	<input type="checkbox"/> Birthmarks	<input type="checkbox"/> Other	<input type="checkbox"/>
Clothing	<input type="checkbox"/> Describe: _____				

If other, please explain

If space here is insufficient, please continue on the reverse of this sheet.

DESCRIPTION OF VEHICLE

Vehicle make _____

Colour _____

Colour of Rego plates _____

EXTERIOR OF VEHICLE

DESCRIPTION

Custom wheels _____

Rust/Primer _____

Attachments to roof _____

Stripes _____

Registration Number _____

Type (eg Sedan, Ute) _____

OTHER EXTRAS

DESCRIPTION

Sports exhaust _____

Damage _____

Aerials _____

Modifications _____

DESCRIPTION OF DRIVING MANNER and any additional information

Please continue on the reverse of this sheet.

