# Armed Robbery Questionnaire





**RCMP** 

## **Important Contacts:**

- Victim Services Nova Scotia Department of Justice: http://www.gov.ns.ca/just/victim\_services/contact.asp
- **Emergency phone number 911**
- **Crime Stoppers -** 1 (800) 222-8477 (tips line)
- Nova Scotia College of Pharmacists (902) 422-8528

•	Call police	on 911	to report an	armed robbery.
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- Seal the crime scene immediately and stop trading.
- Preserve evidence.
- Record the contact details of witnesses who are unable to await the arrival of the police.

NB: Please complete this form on your own and DO NOT discuss the incident with anyone else present. It is important to capture your recollection of events as accurately as possible.

DMD '	Time of incident: AM
PM Business name:	
Business address:	
CCTV available: Yes No	
v	<b>W</b>
Your name:	Your telephone number (work):
Work position:	
You should ask any witnesses to wait until the poli	ice arrive. If they are unable to wait, record their contact details below:
WITNESS 1	WITNESS 2
_Witness's name: _Telephone (work):	
тетернопе (work).	
WHAT HAPPENED? Describe the incident	in as much detail as you can recall - where, why, when, who, how.

### **DESCRIPTION OF OFFENDER** - Don't guess - if you are unsure about any aspect leave blank.

#### **DESCRIPTION OF VEHICLE**

License plate number	Approximate year	
Colour of vehicle	Direction of travel	
Vehicle make Number of occupants		
Other distinctive features		
Please circle the image below that best desc	ribes the vehicle:	

#### **DESCRIPTION OF WEAPON** - Please circle the image below that best describes the weapon:

