



Manassas City Police Department



Burglary Questionnaire

CASE #:

INCIDENT ADDRESS:

TODAY'S DATE:

PURPOSE: To gather as much information as possible and provide further investigative leads which may lead to an arrest.

INSTRUCTIONS:

- Please take your time, carefully consider each question, and provide as much details as possible.
- Complete as much as possible.
- If you are unable to answer a question because you do not know the answer, or cannot remember the answer, please note this. Do not guess. Do not speculate.
- Please do not discuss or attempt to correlate your answers with any other victim.
- If additional space is required for any of the questions, a blank sheet of paper is provided at the end. (Please note the question #s on the blank sheet).
- If you feel there is pertinent information that is not covered in the questionnaire, use the blank sheet at the end or use a separate piece of paper to provide this information.

****Upon completion, return this form using one of the following methods****

IN PERSON or US MAIL:

Manassas City Police, Attn ISD
9518 Fairview Ave, Manassas, VA 20110

EMAIL or FAX:

investigations@manassasva.gov or (703) 257-5892

Questions? Contact MCPD Investigations at (703) 257-8092

All answers to this questionnaire will be kept confidential

LAST NAME

FIRST NAME

M.I.

HOME ADDRESS:

PHONE:

EMAIL:

1. Occupations of all household members:

NAME

OCCUPATION or EMPLOYER

LOCATION or ADDRESS

NAME	OCCUPATION or EMPLOYER	LOCATION or ADDRESS
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. Had you received any suspicious or annoying phone calls in the weeks leading up to the burglary? If yes, please describe the nature of these calls in detail.

3. Has any home in your neighborhood been recently burglarized? Describe what you know in detail.

4. Were there any incidents of prowlers or "Peeping Toms" at your residence or in your neighborhood preceding the burglary? Describe in detail.

5. List the following information of all persons who lived in your residence at the time of, and the year preceding the burglary (i.e. relatives, friends, nurses, students, house sitters, etc.)

NAME	RACE	SEX (M/F)	DOB
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

6. List the employer or school attended for each person named in question 5.

NAME	EMPLOYER OR SCHOOL	LOCATION
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

7. Where do you routinely shop for groceries?

STORE NAME	LOCATION or ADDRESS
_____	_____
_____	_____
_____	_____

8. Do you usually shop alone? Yes: _____ No: _____

9. List all other retail establishments (pharmacies, convenience stores, etc.) where you regularly shop.

STORE NAME	LOCATION or ADDRESS
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

14. Have you had any donations picked up from your home in the 60 days prior to the burglary?
If so, list who and what date.

COMPANY/CHARITY NAME

DATE

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

15. Did you or anyone in your household accept deliveries for neighbors in the 60 days prior to the burglary? If so, list who delivered it and on what date.

DELIVERY COMPANY NAME

DATE

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

16. Were there any solicitors, salespersons, contractors, etc. going door-to-door in the neighborhood immediately prior to your incident? If yes, give details.

17. Have you used a cab company or car service in the 60 days prior to the burglary?
If so, list who and on what date.

DELIVERY COMPANY NAME

DATE

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

18. Did you notice anyone new riding a bike or walking through your neighborhood in the days prior to the burglary? If so, describe in detail.

19. In the 6 months prior to the burglary, did you go on any trips/vacations? If so, did you use a travel agent?

TRIP LOCATION

DATES

AGENCY NAME

TRIP LOCATION	DATES	AGENCY NAME
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20. Does mail arrive at your home addressed to strangers? If so, what name(s)?

21. Where do you regularly purchase gasoline?

GAS

ADDRESS or LOCATION

GAS	ADDRESS or LOCATION
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