

SUSPICIOUS ACTIVITY REPORT

CONTACT INFORMATION:

MDOT Safety and Security Administration
Phone: 517-373-1898 FAX: 517-335-2787
E-mail: MDOT-SafetyAdmin@michigan.gov

Michigan Intelligence Operations Center
Phone: 877-616-4677 FAX: 517-335-5163
E-mail: MIOC@michigan.gov

INSTRUCTIONS:

1. **If you suspect an imminent danger to life or property call 911 or, for DMB Facilities, 30190.**
2. **Report any incident that you feel is important.** The list below is provided as a **guide**.
3. Provide a written report to MDOT Safety and Security Administration and Michigan State Police Intelligence Operations Center.
4. If time sensitive, contact by telephone and follow with a written report.

Please note the following **Seven Signs and Signals of Terrorism** as defined by the Michigan State Police Intelligence Operations Center:

1. **Surveillance:** someone recording or monitoring activities, note taking, drawing diagrams, annotating on maps, use of vision-enhancing devices
2. **Elicitation:** anyone attempting to gain information about critical infrastructures, military operations, or people.
3. **Acquiring Supplies:** theft of documents or manuals, theft of decals, flight manuals, passes or badges, purchasing or stealing chemical equipment, explosives, weapons, ammunition, law enforcement equipment/identification, theft of military uniforms.
4. **Suspicious Persons Out of Place:** people who don't seem to belong in the workplace, building, neighborhood, or business establishment.
5. **Tests of Security:** driving by the target, moving into sensitive areas, attempt to penetrate physical security barriers in order to assess strengths and weaknesses.
6. **Dry Runs:** mapping out routes, determining the timing of traffic lights, etc.
7. **Deploying Assets / Getting into Position:** people/supplies in place before the act.

DATE OF REPORT	REPORTED TO MSP INTELLIGENCE OPERATIONS CENTER Electronically Phone – Name:	Fax	REPORTED TO MDOT SAFETY & SECURITY ADMIN. Electronically Phone – Name:	Fax
REPORTED BY MDOT STAFF (Name)	JOB TITLE	OFFICE/BUREAU/REGINION/BRIDGE ADMIN.	FACILITY	

CIRCUMSTANCE 1

AREA OF VULNERABILITY	CITY	STATE
DATE OF INCIDENT	DESCRIPTION OF SUBJECT (If applicable)	
VEHICLE MAKE/MODEL (If applicable)	LICENSE PLATE (If known)	

BRIEF SUMMARY OF INCIDENT AND SPECIFIC INFORMATION

CIRCUMSTANCE 2

AREA OF VULNERABILITY	CITY	STATE
DATE OF INCIDENT	DESCRIPTION OF SUBJECT (If applicable)	
VEHICLE MAKE/MODEL (If applicable)	LICENSE PLATE (If known)	

BRIEF SUMMARY OF INCIDENT AND SPECIFIC INFORMATION

Include ANY event that you feel is important!