

Reviewed by: (1) _____ (2) _____ (3) _____

Follow up needed: Y / N _____ Assigned to: _____

Follow up to be done: _____

FCIC/NCIC search of employees: _____

Entered into Leads Tracking: Y / N _____ Lead #: _____

BUSINESS CANVASS

Business Name: _____

Address: _____

1 st Attempt: Date:	Time:	2 nd Attempt: Date:	Time:	3 rd Attempt: Date:	Time:
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Interviewing Officer #1: Agency:	Phone #:	Interviewing Officer #2: Agency:	Phone#:
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IS THE VICTIM'S HOME VISIBLE FROM THIS LOCATION? Yes No

IS THE ABDUCTION SITE VISIBLE FROM THIS LOCATION? Yes No

VEHICLE DESCRIPTIONS AND REGISTRATION INFORMATION PRESENT AT LOCATION

License # and State	Color/Make/Model/Year	Owner of Vehicle

1. CONTACT INFORMATION

Full Name (Request Positive ID):		Position/Title:
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Race:	DOB:
DL # and State:		ADDRESS :
Home Phone:	Cell Phone:	
Work Phone:	Other Phone(s):	
Was subject shown Amber Alert / Missing Child Alert Flyer: YES <input type="checkbox"/> NO <input type="checkbox"/>		
Comments:		

2. NAMES OF ALL EMPLOYEES WHO WORK AT THIS LOCATION?

Name/Position	Race	Sex	Age/DOB	@ work during incident	Interviewed
		<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

3. DID ANY EMPLOYEES CALL IN SICK ON THE DATE OF THE IINCIDENT?

Yes No Names:

4. DID ANY EMPLOYEES SHOW UP TO WORK LATE or LEAVE EARLY ON THE DATE OF THE IINCIDENT?

Yes No Names:

5. HAS ANYONE AT THIS BUSINESS BEEN ARRESTED OR WANTED?

Yes No Names:

6. DO YOU KNOW OF ANY FORMER EMPLOYEES THAT HAVE BEEN ARRESTED OR ARE WANTED?

Yes No Names:

7. DO YOU KNOW OF ANYONE FROM SURROUNDING BUSINESSES THAT HAVE BEEN ARRESTED OR ARE WANTED?

Yes No Names:

8. DO YOU KNOW THE VICTIM, VICTIM'S FAMILY OR VICTIM'S FRIENDS?

Yes No Provide details:

9. DO YOU KNOW OF ANY EMPLOYEES THAT KNOW THE VICTIM, VICTIM'S FAMILY OR VICTIM'S FRIENDS?

Yes No Provide details:

10. ARE YOU AWARE OF ANY PERSON (S) WHO WOULD WISH TO HARM THE VICTIM AND HIS/HER FAMILY?

Yes No Provide details:

11. WERE YOU AT WORK ON THE DAY OF THE INCIDENT? WHAT TIME DID YOUR SHIFT START/END?

Yes No

12. WHAT ACTIVITY DID YOU SEE OR HEAR AT THE TIME OF THE INCIDENT?

13. WHAT IS THE USUAL ACTIVITY IN THIS AREA (DAY AND NIGHT)?

14. WHAT VENDORS MAKE DELIVERIES TO THIS AREA?

15. WERE ANY DELIVERIES MADE TO THIS LOCATION ON THE DATE OF THE INCIDENT?

16. HAS ANY CONSTRUCTION ACTIVITY OCCURRED IN THE VICINITY IN THE PAST FEW MONTHS? Provide details

Yes No Location:

17. WHAT SOLICITORS COME TO THIS AREA? WERE ANY SOLICITORS IN THE AREA ON DATE OF THE INCIDENT?

18. WHAT HAVE YOU NOTICED IN THE PAST TWO MONTHS THAT IS SUSPICIOUS OR UNUSUAL?

19. WHAT VEHICLES WERE PRESENT IN THE AREA AROUND THE TIME OF THE INCIDENT?

License # and State	Color/Make/Model/Year	Owner of Vehicle

20. DID YOU OBSERVE ANY VEHICLES NOT NORMALLY IN THE AREA?

21. DID YOU OBSERVE ANY PERSON (S) NOT USUALLY IN THE AREA?

Yes No

Name/Description/Title	Sex	Description
	<input type="checkbox"/> Male <input type="checkbox"/> Female	
	<input type="checkbox"/> Male <input type="checkbox"/> Female	
	<input type="checkbox"/> Male <input type="checkbox"/> Female	

22. WHO IS USUALLY ENTERING OR LEAVING THE AREA AROUND THE TIME OF THE INCIDENT?

Name/Description/Title	Sex	Description
	<input type="checkbox"/> Male <input type="checkbox"/> Female	
	<input type="checkbox"/> Male <input type="checkbox"/> Female	
	<input type="checkbox"/> Male <input type="checkbox"/> Female	

23. HAVE ANY BUSINESS OWNERS RECENTLY MOVED FROM OR HAVE NOT BEEN SEEN IN THE AREA?

Yes No

Explain:

24. DOES YOUR BUSINESS HAVE AN EXTERIOR SURVEILLANCE SYSTEM?

Yes No

25. CAN YOU PROVIDE US WITH A COPY OF THE VIDEO WHILE WE ARE HERE?

Yes No If NO, it will it be available on _____ @ _____

26. ARE YOU AWARE OF ANY OTHER BUSINESSES HAVING VIDEO OR CAMERA SURVEILLANCE?

Name: _____ Address: _____

Name: _____ Address: _____

27. ARE YOU AWARE OF ANYONE WHO MAY HAVE INFO OR EVIDENCE RELATING TO THIS INCIDENT?

Yes No

Details:

28. ARE THERE ANY SEX OFFENDERS IN THE AREA OR ANYONE YOU HAVE REASON TO BELIEVE IS A SEX OFFENDER THAT HAS NOT REGISTERED?

Yes No

29. IS THERE ANYTHING WE HAVE NOT ASKED THAT YOU THINK WOULD BE IMPORTANT TO SHARE?

Yes No

30. IF APPROPRIATE, ASK FOR CONSENT TO SEARCH THE BUSINESS, VEHICLES AND STORAGE AREAS

Consent To Search Obtained: <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Person Who Consented:
Areas Searched: <input type="checkbox"/> House <input type="checkbox"/> Garage/Carport <input type="checkbox"/> Cars/Trucks <input type="checkbox"/> Sheds/Outbuildings <input type="checkbox"/> Boats <input type="checkbox"/> Trailers/RVs <input type="checkbox"/> Other:	Details:

31. EMPLOYEE INTERVIEWS:

Name	Notes

Name	Notes

Investigator's additional notes: _____

