



West Valley City Police

Neighborhood Canvass Questionnaire

09i054602 Maxwell

Name: _____

Date of Birth: _____

Address: _____

Phone number: _____

FILE COPY

1. How long have you lived in the neighborhood?

5 years

1 - 1 0 6 3

BATCH NUMBER

2. Where were you the night of Sunday the 6th into the following day of Monday the 7th?

We were at home watching television Sunday
& Monday. ~~the~~ [redacted] was at work &
[redacted] we at school
[redacted] was at home with [redacted]

3. Will you please list everyone who lives at this residence?

4. Did you observe anything suspicious and or questionable in the neighborhood in the past 2 weeks?

I didn't notice anything different in
the past couple weeks however I know
that Josh seemed very controlling with
his wife & children.

5. Do you personally know Josh and or Susan Powell?

We saw the Powells now & again around the
neighborhood we talked on Halloween while
out trick or treating & on the 4th of July
we did some fireworks & they were

6. Do you know anything regarding the disappearance of Susan Powell?

There
I do not know anything about her
disappearance but I heard from a
few friends that she was planning
to divorce Josh because of his control
issues.

Date: _____

Time: 0825

Officer: _____

DMCK

IBM: 8130

12/16/09

Available Results

FBI CH NAME INQ

SWW-PO INQ

UCCH NAME LIST

NCIC QUERY W/

UTAH DL

DL - PHOTO

UTAH DRIVER LICENSE PHOTO

License Number:

Name:

Address:

Date of Birth:

Height:

Weight:

Eye:

Hair:

Sex:

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#1 - 1063 -

BATCH NUMBER

Utah Department of Public Safety

Available Results

FBI CH NAME INQ

SWW-PO INQ

UCCH NAME LIST

NCIC QUERY W/

UTAH DL

UTAH DRIVER LICENSE

12-16-2009 12:57:50

License Number:

ID Number:

Name:

Address:

Last Address Update:

Date of Birth:

SSN:

Sex:

Height:

AKA Weight:

Eye:

Hair:

LICENSE INFO

COMMERCIAL LICENSE

Status:

VALID

Code:

Expiration Date:

Status:

Class:

Type:

Issue Date:

DRIVING RESTRICTIONS

Restriction 1:

NO RESTRICTIONS

Code:

A

ENDORSEMENTS

MISCELLANEOUS

Concealed Firearm:

NOT FOUND

Expiration Date:

Insurance:

Donor:

Yes

Military:

ALERT

ALTERNATE NAMES

Name 1:

Name 2:

MESSAGE

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Utah Department of Public Safety
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1 - 1063

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