

Neighborhood Watch Incident Reporting Form

INSTRUCTIONS After calling 911, fill out this form soon after the incident has occurred. Wait until after any imminent danger has passed. Your memory will be freshest.

Was this a (check one): Crime Suspicious Activity

Briefly describe what happened: _____

When did it happen? DATE _____ TIME _____

Where did it happen? ADDRESS _____

NEAREST CROSS STREET _____

SUSPECT DESCRIPTION

Sex (check one only): MALE FEMALE Age: _____ Height: _____ Weight: _____

Race: _____ Hair Color: _____ Mustache, beard or sideburns: _____

Tattoos, amputations, scars and/or distinguishing marks: _____

Noticeably accents or special characteristics of speech: _____

CLOTHING

Shirt: _____ Coat: _____ Trousers: _____

Shoes: _____ Tie: _____ Hat: _____

WEAPON

Handgun _____ Rifle: _____ Knife: _____ Club: _____ Other: _____

DESCRIPTION OF VEHICLE

Make: _____ Year: _____ Body Style: _____ Color: _____

License Number: _____ State: _____ (If unable to identify state, color of license): _____

Identifying dents, scratches, wheels, markings: _____

ANSWER THE FOLLOWING Number of subjects: _____ What they said: _____

Direction of departure: _____

Names and addresses of other witnesses: _____

Your name: _____ Your phone: _____

Your address: _____

THANK YOU FOR MAKING YOUR NEIGHBORHOOD SAFE FOR OTHERS!