Parkersburg / Wood County Neighborhood Watch

INCIDENT REPORT

INSTRUCTIONS: After calling 911 and *after any imminent danger has passed*, complete this form as soon as possible, so events will be fresh in your memory. Each Neighborhood Watch member who observes the incident should complete a separate report form. (See "How to Observe and Report" for instructions.)

This was a (check one): ❑ Crime ❑ Suspicious Activity When did it occur? Date: _____ Time: _____

Location: _____

Briefly describe what happened: _____

_____

_____ (continue on back if needed)

PROBLEM PARTY #1 (Who did it?) Name (if known): _____ ❑Male ❑ Female

Estimate Age: _____ Height: _____ Weight: _____ Hair Color: _____ Facial Hair: _____

Ethnicity: ❑ White ❑ Black ❑ Hispanic ❑ Asian ❑ Middle Eastern ❑ Other _____

Tattoos, amputations, scars, distinguishing marks: _____

Noticeable accent or special speech characteristics: _____

Describe Clothing: Shirt: _____ Coat: _____ Pants: _____

Shoes: _____ Hat: _____ Other: _____

Weapon: ❑ Pistol ❑ Revolver ❑ Rifle ❑ Shotgun ❑ Knife ❑ Club ❑ Other: _____

PROBLEM PARTY #2 (Who did it?) Name (if known): _____ ❑Male ❑ Female

Estimate Age: _____ Height: _____ Weight: _____ Hair Color: _____ Facial Hair: _____

Ethnicity: ❑ White ❑ Black ❑ Hispanic ❑ Asian ❑ Middle Eastern ❑ Other _____

Tattoos, amputations, scars, distinguishing marks: _____

Noticeable accent or special speech characteristics: _____

Describe Clothing: Shirt: _____ Coat: _____ Pants: _____

Shoes: _____ Hat: _____ Other: _____

Weapon: ❑ Pistol ❑ Revolver ❑ Rifle ❑ Shotgun ❑ Knife ❑ Club ❑ Other: _____

PROBLEM PARTY #3 (Who did it?) Name (if known): _____ ❑Male ❑ Female

Estimate Age: _____ Height: _____ Weight: _____ Hair Color: _____ Facial Hair: _____

Ethnicity: ❑ White ❑ Black ❑ Hispanic ❑ Asian ❑ Middle Eastern ❑ Other _____

Tattoos, amputations, scars, distinguishing marks: _____

Noticeable accent or special speech characteristics: _____

Describe Clothing: Shirt: _____ Coat: _____ Pants: _____

Shoes: _____ Hat: _____ Other: _____

Weapon: ❑ Pistol ❑ Revolver ❑ Rifle ❑ Shotgun ❑ Knife ❑ Club ❑ Other: _____

VEHICLE DESCRIPTION: Year: _____ or ❑ New ❑ Older ❑ Really Old Make: _____ Model: _____

Color: _____ Body Style: ❑ 2-door ❑ 4-door ❑ Sedan ❑ SUV ❑ Minivan ❑ Full-Size Van

❑ Panel Truck ❑ Pickup Truck ❑ Box Truck License No. _____ State ____ Color: _____

Identifying dents, scratches, damage, wheels, markings:_____

Total number of subjects: _____ What did they say or talk about? _____

Direction of Departure: (Which direction did they go?) _____

Names and addresses of additional witnesses: _____

Additional Details or Narrative: _____

Your contact information:

Name: _____ Phone No.: _____

Address: _____