

JOHNSON CITY NEIGHBORHOOD WATCH INCIDENT REPORT FORM

Please complete all information. ✓ Check ☐ boxes where applicable.

Location of incident:

Date of incident:

Time of incident:

INCIDENT > Describe incident, your observations and reaction

☐ Additional Information Form attached

Nature of incident (Ex: burglary):

Your observations (Ex: broken window):

Time line of events (Ex: Suspect ran from house, then left in car towards Main St.):

Comments:

☐ Method known (Ex: forced entry):

☐ Incident had cause (Ex: argument):

☐ 911 called > Time:

☐ JCPD called > Time :

Response Time:

☐ No agency called

SUSPECT INFORMATION > Suspect(s) description and details

☐ Criminal Description Form attached

☐ I know > ☐ Victim knows > suspect(s)

☐ Have reliable information on suspect(s)

Name:

Address:

Name:

Address:

☐ I don't know > ☐ Victim doesn't know > suspect(s)

☐ I could > ☐ Victim could > ID by picture/lineup

Race:

Sex M/F:

Age:

Height:

Weight:

Build:

Clothing and accessories:

Additional Information:

☐ Vehicle > Make/Yr:

Tag/State

Color:

VICTIM INFORMATION > Victim identity and involvement

☐ Additional Information Form attached

Name:

Address:

☐ Victim involved > How:

Date:

/ /

Watch Member:

Signed: