

## SIR "Warriors" Neighborhood Watch Incident Report

\*\*\*\*\* Please call **911** immediately if you are witnessing a crime in progress and being threatened, or for another emergency situation. \*\*\*\*\*

Was this a (check one):      ( ) Crime      ( ) Suspicious Activity

Time of Incident:      Date: \_\_\_\_\_ Day: \_\_\_\_\_ a.m. \_\_\_\_\_ p.m.

Was SPD Contacted:      \_\_\_\_\_ Yes      \_\_\_\_\_ No

Officer's Name: \_\_\_\_\_

Location: (Description of Incident):  
  
\_\_\_\_\_

Persons:

Sex:      Female:\_\_\_\_      Male: \_\_\_\_\_      Age:\_\_\_\_\_      Height: \_\_\_\_\_      Weight: \_\_\_\_\_

Ethnicity:      ( ) Caucasian      ( ) African American      ( ) Hispanic      ( ) Native American

( ) Asian American      ( ) Other \_\_\_\_\_

Other Distinguishing Marks: (Mustache, Beard, Tattoos, Amputations):  
\_\_\_\_\_  
\_\_\_\_\_

Clothing:

Shirt: \_\_\_\_\_      Coat: \_\_\_\_\_      Pants: \_\_\_\_\_      Hoodie: \_\_\_\_\_

Weapons: ( ) Handgun      ( ) Rifle      ( ) Knife      ( ) Other: \_\_\_\_\_

Vehicle: Make: \_\_\_\_\_      Year: \_\_\_\_\_      Body Style : \_\_\_\_\_

Color: \_\_\_\_\_      License Number: \_\_\_\_\_      State: \_\_\_\_\_

Any Identifying Dents, Scratches, Wheels, other Markings:  
\_\_\_\_\_  
\_\_\_\_\_

Number of Subjects in Vehicle: \_\_\_\_\_

\*\*\*\*\* Please be sure you send a copy of report to your Block Captain or notify them of Activity\*\*\*\*\*