

BLOCK WATCH INCIDENT REPORT

Date: _____ Time: _____

VISUAL IDENTIFICATION OF THE PERSON

SEX: _____ RACE: _____ AGE: _____ HT.: _____ WT.: _____

HAIR COLOR: _____ HAIR LENGTH: _____ EYE COLOR: _____

TATTOOS/SCARS/FACIAL HAIR: _____

SPEECH IMPEDIMENT/ACCENT: _____

HAT/COAT/SHIRT/PANTS/SHOES: _____

VEHICLE DESCRIPTION

LICENSE PLATE: _____ STATE: _____

MAKE AND MODEL: _____

COLOR: _____ DAMAGE: _____

WHICH WAY DID THEY GO? WHAT DID THEY DO? OTHER INFO? _____

BE PREPARED TO PROVIDE THIS INFORMATION, WHEN CALLING 9-1-1 (LIFE THREATENING) OR **NON-EMERGENCY AT 509-628-0333 (ALL OTHERS)**

Emergency Phone Number 9-1-1

Richland Non-Emergency Phone Number 509-628-0333

Phonetic Alphabet:

Alphabet	Code Word
A	Alpha / Alfa
B	Bravo
C	Charlie
D	Delta
E	Echo
F	Foxtrot
G	Golf
H	Hotel
I	India
J	Juliet
K	Kilo
L	Lima
M	Mike
N	November
O	Oscar
P	Papa
Q	Quebec
R	Rome
S	Sierra
T	Tango
U	Uniform
V	Victor
W	Whiskey
X	Xray
Y	Yankee
Z	Zulu