

Neighborhood Watch Incident Report



*** Please call **911** immediately if you are witnessing a crime in progress, are being threatened or for any other emergency situation!!!

Date of Incident: _____
Time of Incident: _____
Was SVPD Contacted: Yes / No _____
Officer's Name: _____
Location: _____

Description of Incident:

Persons

Sex: Male / Female
Ethnicity: Caucasian, African-American
Hispanic, Asian
Estimated Age: _____
Height: Tall / Medium / Short
Build: Thin / Medium / Heavy Set
Hair Color: _____
Facial Hair: Beard / Moustahce
Clothing:
Shirt Color _____ Type _____
Pants Color _____ Type _____
Hat Color _____ Type _____
Other Physical Traits
(Tatoos, Scars) _____

Vehicles

Make: _____
Model: _____
Color: _____
Plate #: _____
Additional Features or Markings: _____

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Sex: Male / Female
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Hispanic, Asian
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Vehicles

Make: _____
Model: _____
Color: _____
Plate #: _____
Additional Features or Markings: _____

Please complete the following form as best as you can and mail it to Southampton Village Police Department
151 Windmill Lane Southampton, New York 11968 ATTN: Neighborhood Watch.