



Block Watch Incident Report

If you are experiencing an emergency -- Call 911 immediately

I am reporting (Check one) Crime Suspicious Activity/Person

Date of incident (mm/dd/yyyy) _____ Time _____ Date of this report _____

Where did the incident happen (address or nearest cross streets)

Briefly describe the incident(s)

Please complete as much suspect or vehicle information as possible. (See reverse side of report.)

Was 911 called? Yes No If yes, how long did it take an officer to respond? _____

What was the outcome? _____

Optional (It is not required that you provide your personal information to report an incident. However, it may be very helpful for the KCPD officer to be able to contact you in the investigation. All information is confidential.)

Your Name _____

Your Address _____

Your Phone _____ Email _____

Others that witnessed the incident

Name _____

Address _____

Phone _____ Email _____

Name _____

Address _____

Phone _____ Email _____

Send or email this completed form to your KCPD patrol division. (Your Block Captain may be able to assist you with this.)

KCPD Shoal Creek Patrol Division
Att: CIO
6801 NE Pleasant Valley Road
Kansas City, Missouri 64119
scpd_community@kcpd.org
Fax: 816-413-8611

(Shoal Creek Patrol Division covers the area app. north of the river and east of N Oak Trfwy.)




KCPD North Patrol Division
Att: CIO
11000 NW Prairie View Road
Kansas City, Missouri 64153
npd_community@kcpd.org
Fax: 816-437-6207

(North Patrol Division covers the area app. north of the river and west of N Oak Trfwy.)

911

Suspect Identification Worksheet



SEX MALE FEMALE	AGE	HEIGHT	WEIGHT	RACE WHITE BLACK OTHER	FACIAL DETAIL Skin Color Size & Shape of Eye Brow Shape Nose Shape Mouth & Lips	Hair Color, Texture, & Style Wrinkles, Moles, Scars Ear Size & Shape Cheeks (full or sunken) Mustache or Beard	Note specific facial details: _____ _____ _____ _____ What did the suspect say? _____ _____ Tool or weapon present? _____ _____	
HAIR COLOR/STYLE	GENERAL APPEARANCE 			HAT	VEHICLE  			
EYES COLOR/GLASSES				COAT				TROUSERS
COMPLEXION				SHIRT	SHOES	LICENSE NUMBER	DAMAGE/RUST	BUMPER STICKERS, WHEEL COVERS, ETC.
JEWELRY				TIE	DIRECTION OF TRAVEL AND OTHER DETAIL _____ _____			
SCARS/MARKS								
TATTOOS								

