Witness Account Report Form

INSTRUCTIONS
The purpose of this form is to document the observations of a witness to activities that might be considered an incident warning. The individual interviewing the witness, or potentially the witness, should complete this form. If law enforcement is conducting the interview (which may often be the case), then this form may serve as a prompt for “utility relevant information” that should be pursued during the interview. This form is intended to consolidate the details of the witness account that may be relevant to the threat evaluation process. This form should be completed for each witness that is interviewed.

BASIC INFORMATION
Date/Time of interview: ______________________________

Name of person interviewing the witness: ____________________________

Witness contact information
Full Name: _________________________________________________________
Address: __________________________________________________________
Day-time phone: _____________________________________________________
Evening phone: ______________________________________________________
E-mail address: _____________________________________________________

Reason the witness was in the vicinity of the suspicious activity: __________
____________________________________________________________________

WITNESS ACCOUNT
Date/Time of activity: ________________

Location of activity:
Site Name: __________________________________________________________

Type of facility
☐ Source water ☐ Treatment plant ☐ Pump station
☐ Ground storage tank ☐ Elevated storage tank ☐ Finished water reservoir
☐ Distribution main ☐ Hydrant ☐ Service connection
☐ Other ______________________________________________________________

Address: __________________________________________________________________

Additional Site Information: __________________________________________________________________

__________________________________________________________________________
Type of activity

☐ Trespassing  ☐ Vandalism  ☐ Breaking and entering
☐ Theft  ☐ Tampering  ☐ Surveillance
☐ Other

Additional description of the activity

Description of suspects

Were suspects present at the site?  ☐ Yes  ☐ No

How many suspects were present?

Describe each suspect’s appearance:

<table>
<thead>
<tr>
<th>Suspect #</th>
<th>Sex</th>
<th>Race</th>
<th>Hair color</th>
<th>Clothing</th>
<th>Voice</th>
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Where any of the suspects wearing uniforms?  ☐ Yes  ☐ No

If “Yes,” describe the uniform(s):

Describe any other unusual characteristics of the suspects:

Vehicles at the site

Were vehicles present at the site?  ☐ Yes  ☐ No

Did the vehicles appear to belong to the suspects?  ☐ Yes  ☐ No

How many vehicles were present?
Describe each vehicle:

<table>
<thead>
<tr>
<th>Vehicle #</th>
<th>Type</th>
<th>Color</th>
<th>Make</th>
<th>Model</th>
<th>License plate</th>
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Where there any logos or distinguishing markings on the vehicles? □ Yes □ No
If “Yes,” describe: ____________________________________________________________

Provide any additional detail about the vehicles and how they were used (if at all):
_________________________________________________________________________
_________________________________________________________________________

**Equipment at the site**

Was any unusual equipment present at the site? □ Yes □ No

☐ Explosive or incendiary devices ☐ Firearms
☐ PPE (e.g., gloves, masks) ☐ Containers (e.g., bottles, drums)
☐ Tools (e.g., wrenches, bolt cutters) ☐ Hardware (e.g., valves, pipe, hoses)
☐ Lab equipment (e.g., beakers, tubing) ☐ Pumps and related equipment
☐ Other ________________________________________________________________

Describe the equipment and how it was being used by the suspects (if at all): ________________________________________________________________
________________________________________________________________________
________________________________________________________________________

**Unusual conditions at the site**

Were there any unusual conditions at the site? □ Yes □ No

☐ Explosions or fires ☐ Fogs or vapors ☐ Unusual odors
☐ Dead/stressed vegetation ☐ Dead animals ☐ Unusual noises
☐ Other ________________________________________________________________

Describe the site conditions: ________________________________________________
________________________________________________________________________
________________________________________________________________________
**Additional observations**
Describe any additional details from the witness account:


**SIGNOFF**
Name of interviewer: 
Print name: 
Signature:  
Date/Time:  
Name of witness: 
Print name: 
Signature:  
Date/Time:  