

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:

Suspect #	Sex	Race	Hair color	Clothing	Voice
1					
2					
3					
4					
5					
6					

Where any of the suspects wearing uniforms? ☐ Yes ☐ No

If "Yes," describe the uniform(s): _____

Describe any other unusual characteristics of the suspects: _____

Did any of the suspects notice the witness? ☐ Yes ☐ No

If "Yes," how did they respond: _____

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:

Vehicle #	Type	Color	Make	Model	License plate
1					
2					
3					
4					
5					
6					

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

- | | |
|--|---|
| <input type="checkbox"/> Explosive or incendiary devices | <input type="checkbox"/> Firearms |
| <input type="checkbox"/> PPE (e.g., gloves, masks) | <input type="checkbox"/> Containers (e.g., bottles, drums) |
| <input type="checkbox"/> Tools (e.g., wrenches, bolt cutters) | <input type="checkbox"/> Hardware (e.g., valves, pipe, hoses) |
| <input type="checkbox"/> Lab equipment (e.g., beakers, tubing) | <input type="checkbox"/> Pumps and related equipment |
| <input type="checkbox"/> 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

- | | | |
|---|---|---|
| <input type="checkbox"/> Explosions or fires | <input type="checkbox"/> Fogs or vapors | <input type="checkbox"/> Unusual odors |
| <input type="checkbox"/> Dead/stressed vegetation | <input type="checkbox"/> Dead animals | <input type="checkbox"/> Unusual noises |
| <input type="checkbox"/> 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: _____