WITNESS OBSERVATION FORM

1) STAY SAFE – DO NOT APPROACH ANY VIOLATORS AND PUT YOURSELF IN DANGER

2) STOP AND OBSERVE

3) RECORD DETAILED FACTS, INFORMATION AND DESCRIPTIONS (WHO, WHAT, WHERE, WHEN, WHY AND HOW)

DATE/TIME OF INCIDENT: __________________________________________

INCIDENT WITNESSED (what you saw/heard): __________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

LOCATION OF INCIDENT (note landmarks: near lake, road, etc): __________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

PERSON(S) INVOLVED:

1st person: Gender: _____ Hair color: _____ Age: _____ Race: ________
Weight: _____ Height: _____ Clothing: __________________________

2nd person: Gender: _____ Hair color: _____ Age: _____ Race: ________
Weight: _____ Height: _____ Clothing: __________________________

Additional descriptive information (tattoos, glasses, scars, etc): __________
________________________________________________________________________
________________________________________________________________________

VEHICLE(S) INVOLVED:

1st vehicle: License plate #: __________________ State: _______________
Make/Model: __________________ Color: __________________________

2nd vehicle: License plate #: __________________ State: _______________
Make/Model: __________________ Color: __________________________

Additional vehicle information (bike, atv, motorcycle, dents, etc): __________
________________________________________________________________________

WITNESS CONTACT INFORMATION:
Your name: ____________________________ Phone #: __________________

2nd witness: Name ______________________ Phone #: __________________

REPORT ALL INCIDENTS OCCURRING ON THE ***** NATIONAL WILDLIFE REFUGE TO:
Federal Wildlife Officer ****
Cell: *****
Office:******
Email: ****

*Use back to sketch incident or for any additional information