

**U.S. DEPARTMENT OF ENERGY**  
**BONNEVILLE POWER ADMINISTRATION**  
**CRIME WITNESS TELEPHONE REPORT**  
**For Security Use Only**

OMB

**Instructions:** Please fill out this form and e-mail as an attachment to [Kevin West – NNT- MODD](#) and [Richard Schuch – NNT- 1](#). Always remember if there is a crime in progress call 911. If calling from a BPA extension dial 6-911 from Van Mall, 7-911 from Headquarters, or 8-911 from Ross.  
Contacts: Kevin West – 360-418-8243 and Richard Schuch – 503-230-5259.

**A. Incident Information**

|                                                   |                                        |                                                                                |                                          |
|---------------------------------------------------|----------------------------------------|--------------------------------------------------------------------------------|------------------------------------------|
| 1. Incident Date:                                 | 2. Report Date:                        | 3. Caller Name (Last, First and Middle Initial):                               | 4. Location of caller:                   |
| 5. Type of Incident (Check all boxes that apply): |                                        |                                                                                |                                          |
| <input type="checkbox"/> Alarm                    | <input type="checkbox"/> Auto Accident | <input type="checkbox"/> Homeless Camp                                         | <input type="checkbox"/> Emergency       |
| <input type="checkbox"/> Gun Shots                | <input type="checkbox"/> Prop. Damage  | <input type="checkbox"/> Safety Hazard                                         | <input type="checkbox"/> Susp. Person(s) |
| <input type="checkbox"/> Dumping                  | <input type="checkbox"/> Other         | <input type="checkbox"/> Fire                                                  | <input type="checkbox"/> Theft           |
|                                                   |                                        | <input type="checkbox"/> Injury                                                | <input type="checkbox"/> Trespasser(s)   |
|                                                   |                                        | <input type="checkbox"/> Open Door                                             | <input type="checkbox"/> Vehicle         |
| 6. Describe any injuries:                         |                                        |                                                                                |                                          |
| 7. Describe any property damage:                  |                                        |                                                                                |                                          |
| 8. Approximate Time of Incident:<br>a.m. p.m.     |                                        | 9. Exact Location of Incident (Address, City, State, County and Cross Street): |                                          |
| 10. Latitude/Longitude:                           |                                        | 11. GPS Grid:                                                                  | 12. Other landmarks or direction:        |
| 13. Did the witness call 911? Yes No              |                                        | 14. If yes, time notified: a.m. p.m.                                           |                                          |
| 15. Police Time Arrived:<br>a.m. p.m.             |                                        | 16. Police Officer's Name:                                                     | 17. Police Case Number:                  |
| 18. Time Departed:<br>a.m. p.m.                   |                                        | 19. Incident Commander:                                                        |                                          |

**B. Witness Information**

|                                               |                   |                    |
|-----------------------------------------------|-------------------|--------------------|
| 20. Name (Last, First and Middle Initial):    | 21. Phone Number: | 22. Email Address: |
| 23. Is the witness willing to testify? Yes No |                   |                    |

**C. Suspect Information**

|                                            |             |                 |                |                   |           |
|--------------------------------------------|-------------|-----------------|----------------|-------------------|-----------|
| 24. Name (Last, First and Middle Initial): |             |                 |                | 25. Phone Number: |           |
| 26. Height:                                | 27. Weight: | 28. Hair Color: | 29. Eye Color: | 30. Gender:       | 31. Race: |
| 32. Clothing Description:                  |             |                 |                |                   |           |

**D. Suspect Vehicle Information**

|                                          |                   |            |           |            |
|------------------------------------------|-------------------|------------|-----------|------------|
| 33. Vehicle Identification Number (VIN): | 34. Plate Number: | 35. State: | 36. Year: | 37. Make:  |
| 38. Model:                               |                   | 39. Style: |           | 40. Color: |
| 41. Additional vehicle details:          |                   |            |           |            |

42. Other Confidential Informant Information (To be provided by the informant at their option; explain that this information is requested only for the purpose of disbursing of monetary reward.)

43. Other Suspect Information

**U.S. DEPARTMENT OF ENERGY**  
**BONNEVILLE POWER ADMINISTRATION**  
**CRIME WITNESS TELEPHONE REPORT**  
**For Security Use Only**

OMB

44. How did the caller hear about the Crime Witness Hotline?

- |                                             |                                          |
|---------------------------------------------|------------------------------------------|
| <input type="checkbox"/> Newspaper/magazine | <input type="checkbox"/> Law enforcement |
| <input type="checkbox"/> Radio/TV           | <input type="checkbox"/> Web page        |
| <input type="checkbox"/> CW published Ad    | <input type="checkbox"/> Individual      |
| <input type="checkbox"/> Posted sign/notice | <input type="checkbox"/> Phone Book      |
| <input type="checkbox"/> Other              |                                          |

45. Narrative of incident (who, what, where, why):

46. Report Taken By (Name and Title):

47. Date:

**Paperwork Reduction Act Burden Disclosure Statement**

This data is being collected to ensure the security and safety of BPA employees, contractors, and facilities. The data you supply will be used by BPA Security when collecting information from a witness to a crime, via telephone. Public reporting burden for this collection of information is estimated to average .10 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining that data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Office of the Chief Information Officer, Enterprise Policy Development & Implementation Office, IM-22, Paperwork Reduction Project (enter OMB control number), U.S. Department of Energy, 1000 Independence Ave SW, Washington, DC, 20585-1290; and to the Office of Management and Budget (OMB), OIRA, Paperwork Reduction Project (enter OMB control number), Washington, DC 20503.

Notwithstanding any other provision of the law, no person is required to respond to, nor shall any person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a currently valid OMB control number.

The Paperwork Reduction Act (PRA) of 1995 requires each Federal agency to seek and obtain approval from the Office of Management and Budget (OMB) before undertaking a collection of information directed to 10 or more persons of the general public, including persons involved in or supporting the operations of Government-owned, contractor-operated facilities.