



**Robert Bongiorno**  
Chief of Police

# Town of Bedford Police Department

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## Safe Watch Program

Subject Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Gender \_\_\_\_\_ Eye color: \_\_\_\_\_ Height: \_\_\_\_\_ Hair color: \_\_\_\_\_ Weight: \_\_\_\_\_

**Identifying/ Items** (Medic Alert/marks) \_\_\_\_\_

**Medical Conditions** (Autism, Deaf, Dementia, ADHD, etc) \_\_\_\_\_

Do they wander? \_\_\_\_\_

Favorite places to go if wanders: \_\_\_\_\_

School/Program attending: \_\_\_\_\_

Favorite Things/Items: \_\_\_\_\_

**What Calms them down:** \_\_\_\_\_

Communication Method: \_\_\_\_\_

**Emergency Contact Name:** \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

**Alternate Contact:** \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Any questions or concerns contact: Officer Kristen Dineen

Please Attach Photo Here or submit by email

[kdineen@police.bedfordma.gov](mailto:kdineen@police.bedfordma.gov)

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