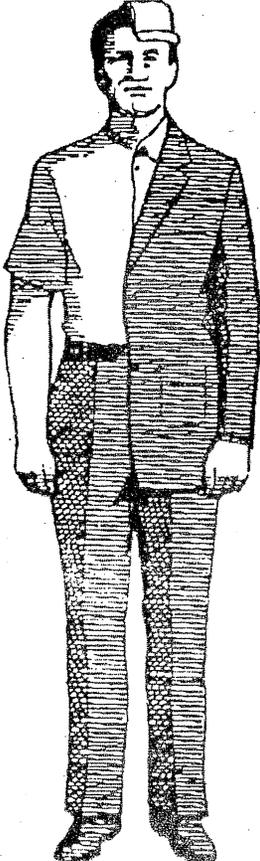


**Suspect Description Form**

**Indicate Type Weapon Used**

|   |   |                   |
|---|---|-------------------|
| Sex<br>Male <input type="checkbox"/><br>Female <input type="checkbox"/> | Race<br>White <input type="checkbox"/> Black <input type="checkbox"/><br>Other <input type="checkbox"/> | Age               |
| Height  |                       | Left/Right Handed |
| Weight  |   | Hat (Color/Type)  |
| Hair (Color/Style)  |   | Tie               |
| Eyes  |   | Coat              |
| Glasses Type  |   | Shirt             |
| Tattoos   |   | Trousers          |
| Scars/Marks   |   | Shoes             |
| Complexion  |   | Weapon            |
| Facial Hair   |   | Accent            |

|  |   |
|--|---|
| <br>Large Automatic  | <br>Small Automatic    |
| <br><br><br>Sawed-Off Shotguns | Pump<br>Automatic<br>Single Shot  |
| <br>Long Barrel Revolver   | <br>Snub Nose Revolver |
| <br><br>Sawed-Off Rifles  | Bolt-Action<br>Lever  |
| Other Weapons  |   |

**Additional Information - Be Specific**

What Suspect Said \_\_\_\_\_

\_\_\_\_\_

Type of Vehicle (License Number, Make, Color) \_\_\_\_\_

\_\_\_\_\_

Police Notified Yes \_\_\_\_\_ No \_\_\_\_\_ Person Notified \_\_\_\_\_

Police Badge Number \_\_\_\_\_ Case Number \_\_\_\_\_

Supervisor Notified Yes \_\_\_\_\_ No \_\_\_\_\_

Region/Division Notified Yes \_\_\_\_\_ No \_\_\_\_\_ Person Notified \_\_\_\_\_

Medical Attention Required Yes \_\_\_\_\_ No \_\_\_\_\_

Date of Incident \_\_\_\_\_ Time of Incident \_\_\_\_\_

Name of Witnesses 1. Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

2. Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Print Name of Cashier / Attendant on Duty \_\_\_\_\_

Signature \_\_\_\_\_ Date of Report \_\_\_\_\_