

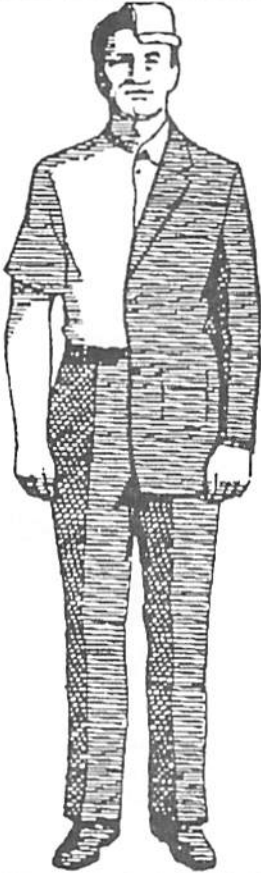









Suspect Description Form

Indicate Type Weapon Used

Sex Male <input type="checkbox"/> Female <input type="checkbox"/>	Race White <input type="checkbox"/> Black <input type="checkbox"/> Other <input type="checkbox"/>	Age		
Height		Left/Right Handed	Large Automatic	Small Automatic
Weight		Hat (Color/Type)		Pump
Hair (Color/Style)		Tie		Automatic
Eyes		Coat		Single Shot
Glasses Type		Shirt	Sawed-Off Shotguns	
Tattoos		Trousers		
Scars/Marks		Shoes	Long Barrell Revolver	Snub Nose Revolver
Complexion		Weapon		Bolt-Action
Facial Hair		Accent		Lever
			Sawed-Off Rifles	
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 _____