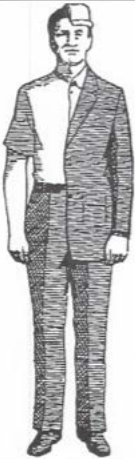


# SUSPECT IDENTIFICATION FORM

## Suspect Description Form

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 _____
Weight _____		Hat (Color/Type) _____
Hair (Color/Style) _____		Tie _____
Eyes _____		Coat _____
Glasses Type _____		Shirt _____
Tattoos _____		Trousers _____
Scars/Marks _____		Shoes _____
Complexion _____		Weapon _____
Facial Hair _____		Accent _____

## Indicate Type Weapon Used

 Large Automatic	 Small Automatic
 Pump	Automatic
 Sawed-Off Shotguns	Single Shot
 Long Barrell Revolver	 Snub Nose Revolver
 Bolt-Action	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 \_\_\_\_\_

**Call police immediately and use this form to help provide accurate information or fill out the form while the officers are on their way.**

**PLEASE CALL THE POLICE DEPARTMENT BEFORE FILLING OUT THIS FORM.  
TIME IS OF THE ESSENCE!**