



INCIDENT INFORMATION

SUPERVISOR NAME: _____ **SUPERVISOR SIGNATURE:** _____ **DATE:** _____



SUSPECT DESCRIPTION FORM



Do not compare or discuss suspect description(s) with anyone until you have given it to a police officer or police detective. Case #: _____

Sex: Male ☐ Female ☐

Race: _____ Age: _____ Height: _____ Weight: _____

1. BUILD	2. HAIR	3. HAIR COLOR	4. FOREHEAD
Slender <input type="checkbox"/>	None <input type="checkbox"/>	Black <input type="checkbox"/>	Small <input type="checkbox"/>
Medium <input type="checkbox"/>	Long <input type="checkbox"/>	Brown <input type="checkbox"/>	Large <input type="checkbox"/>
Heavy <input type="checkbox"/>	Short <input type="checkbox"/>	Lt. Brown <input type="checkbox"/>	Lines <input type="checkbox"/>
Fat <input type="checkbox"/>	Curly <input type="checkbox"/>	Blonde <input type="checkbox"/>	Scars <input type="checkbox"/>
Muscular <input type="checkbox"/>	Wavy <input type="checkbox"/>	Red <input type="checkbox"/>	Other: _____
	Straight <input type="checkbox"/>	Grey <input type="checkbox"/>	
	Dirty <input type="checkbox"/>	Other: _____	
	Oily <input type="checkbox"/>		

5. EYEBROWS	6. EYE SHAPE	7. EYE COLOR	8. CHEEKS	9. NOSE
Thick <input type="checkbox"/>	Almond <input type="checkbox"/>	Brown <input type="checkbox"/>	High Cheekbones <input type="checkbox"/>	Long <input type="checkbox"/>
Bushy <input type="checkbox"/>	Round <input type="checkbox"/>	Dark Brown <input type="checkbox"/>	Fat Cheekbones <input type="checkbox"/>	Hooked <input type="checkbox"/>
Thin <input type="checkbox"/>	Small <input type="checkbox"/>	Hazel <input type="checkbox"/>	Dimples <input type="checkbox"/>	Crooked <input type="checkbox"/>
Arched <input type="checkbox"/>	Dark Circles <input type="checkbox"/>	Grey <input type="checkbox"/>	Fat Cheeks <input type="checkbox"/>	"Broken" <input type="checkbox"/>
Plucked <input type="checkbox"/>	Bags <input type="checkbox"/>	Green <input type="checkbox"/>	Pock Marks <input type="checkbox"/>	Wide <input type="checkbox"/>
One brow <input type="checkbox"/>	Wrinkled Corner <input type="checkbox"/>	Blue <input type="checkbox"/>	Pimples <input type="checkbox"/>	Flat <input type="checkbox"/>
	Heavy Lids <input type="checkbox"/>	Bright Blue <input type="checkbox"/>	Freckles <input type="checkbox"/>	Pugged <input type="checkbox"/>
			Hollow <input type="checkbox"/>	

10. LIPS	11. MOUTH	12. TEETH	13. CHIN
Hare lip <input type="checkbox"/>	Small <input type="checkbox"/>	Yellow/Stained <input type="checkbox"/>	Cleft <input type="checkbox"/>
Full <input type="checkbox"/>	Large <input type="checkbox"/>	Gaps <input type="checkbox"/>	Dimpled <input type="checkbox"/>
Thin <input type="checkbox"/>	Wide <input type="checkbox"/>	Crooked <input type="checkbox"/>	"No chin" <input type="checkbox"/>
No Upper Lip <input type="checkbox"/>	Bow-shaped <input type="checkbox"/>	Large <input type="checkbox"/>	Pointed <input type="checkbox"/>
		Small <input type="checkbox"/>	Double <input type="checkbox"/>
		Braces <input type="checkbox"/>	Round <input type="checkbox"/>
		Missing Teeth <input type="checkbox"/>	Square <input type="checkbox"/>
			Long <input type="checkbox"/>



SUSPECT DESCRIPTION FORM (continued)



14. FACE SHAPE	15. SKIN	16. FACIAL HAIR	17. NECK
Oval <input type="checkbox"/>	Tan <input type="checkbox"/>	Clean-shaven <input type="checkbox"/>	Tan line <input type="checkbox"/>
Square <input type="checkbox"/>	Pale <input type="checkbox"/>	Moustache <input type="checkbox"/>	Long neck <input type="checkbox"/>
Diamond <input type="checkbox"/>	Healthy <input type="checkbox"/>	Sideburns <input type="checkbox"/>	Short neck <input type="checkbox"/>
Thin <input type="checkbox"/>	Freckled <input type="checkbox"/>	Beard <input type="checkbox"/>	Adam's Apple <input type="checkbox"/>
Long <input type="checkbox"/>	Moles <input type="checkbox"/>	Goatee <input type="checkbox"/>	No neck/Thick <input type="checkbox"/>
Fat <input type="checkbox"/>	Acne <input type="checkbox"/>	Stubble <input type="checkbox"/>	Hairy <input type="checkbox"/>
Wide <input type="checkbox"/>	Rough <input type="checkbox"/>		Dirty <input type="checkbox"/>

18. SCARS / TATTOOS	19. HANDS / NAILS
Describe: _____	Long fingers <input type="checkbox"/>
_____	Short fingers <input type="checkbox"/>
_____	Ring <input type="checkbox"/>
_____	Watch <input type="checkbox"/>
_____	Scars on hand <input type="checkbox"/>
_____	Describe: _____
_____	_____
_____	Dirty nails <input type="checkbox"/>
_____	Long nails <input type="checkbox"/>
_____	Chipped nails <input type="checkbox"/>
_____	Painted nails <input type="checkbox"/>
_____	Color: _____

20. CLOTHING DESCRIPTION

HAT (Knit cap, Baseball, Cowboy, etc.): _____

GLASSES (Sunglasses, Tinted, Wire-rimmed, Dark): _____

COAT (Trenchcoat, Ski-jacket, Raincoat, Leather, Windbreaker, Sports-team): _____

SHIRT (Long-sleeved, Short-sleeved, Tank top, T-shirt, Button-up, Pullover, Hooded): _____

PANTS (Sweatpants, Jeans, Shorts, Slacks): _____

BELT (Leather, Buckle: Gold/Silver, Cloth, Logo): _____

SHOES (Logo/Running, Boots, Sandals, Dress): _____

SOCKS (None or Color): _____

GLOVES (Leather, Knit, Color): _____

JEWELRY (Watch, Earring(s) L/R ear, Diamond, Hoop) **NECKLACE** (Chain, Gold/Silver): _____

MASK (Ski mask, Other/Color): _____

CLOTHING NOTES: _____
