



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 Slender <input type="checkbox"/> Medium <input type="checkbox"/> Heavy <input type="checkbox"/> Fat <input type="checkbox"/> Muscular <input type="checkbox"/>	2. HAIR None <input type="checkbox"/> Long <input type="checkbox"/> Short <input type="checkbox"/> Curly <input type="checkbox"/> Wavy <input type="checkbox"/> Straight <input type="checkbox"/> Dirty <input type="checkbox"/> Oily <input type="checkbox"/>	3. HAIR COLOR Black <input type="checkbox"/> Brown <input type="checkbox"/> Lt. Brown <input type="checkbox"/> Blonde <input type="checkbox"/> Red <input type="checkbox"/> Grey <input type="checkbox"/> Other: _____	4. FOREHEAD Small <input type="checkbox"/> Large <input type="checkbox"/> Lines <input type="checkbox"/> Scars <input type="checkbox"/> Other: _____
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5. EYEBROWS Thick <input type="checkbox"/> Bushy <input type="checkbox"/> Thin <input type="checkbox"/> Arched <input type="checkbox"/> Plucked <input type="checkbox"/> One brow <input type="checkbox"/>	6. EYE SHAPE Almond <input type="checkbox"/> Round <input type="checkbox"/> Small <input type="checkbox"/> Dark Circles <input type="checkbox"/> Bags <input type="checkbox"/> Wrinkled Corner <input type="checkbox"/> Heavy Lids <input type="checkbox"/>	7. EYE COLOR Brown <input type="checkbox"/> Dark Brown <input type="checkbox"/> Hazel <input type="checkbox"/> Grey <input type="checkbox"/> Green <input type="checkbox"/> Blue <input type="checkbox"/> Bright Blue <input type="checkbox"/>	8. CHEEKS High Cheekbones <input type="checkbox"/> Fat Cheekbones <input type="checkbox"/> Dimples <input type="checkbox"/> Fat Cheeks <input type="checkbox"/> Pock Marks <input type="checkbox"/> Pimples <input type="checkbox"/> Freckles <input type="checkbox"/> Hollow <input type="checkbox"/>	9. NOSE Long <input type="checkbox"/> Hooked <input type="checkbox"/> Crooked <input type="checkbox"/> "Broken" <input type="checkbox"/> Wide <input type="checkbox"/> Flat <input type="checkbox"/> Pugged <input type="checkbox"/>
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10. LIPS Hare lip <input type="checkbox"/> Full <input type="checkbox"/> Thin <input type="checkbox"/> No Upper Lip <input type="checkbox"/>	11. MOUTH Small <input type="checkbox"/> Large <input type="checkbox"/> Wide <input type="checkbox"/> Bow-shaped <input type="checkbox"/>	12. TEETH Yellow/Stained <input type="checkbox"/> Gaps <input type="checkbox"/> Crooked <input type="checkbox"/> Large <input type="checkbox"/> Small <input type="checkbox"/> Braces <input type="checkbox"/> Missing Teeth <input type="checkbox"/>	13. CHIN Cleft <input type="checkbox"/> Dimpled <input type="checkbox"/> "No chin" <input type="checkbox"/> Pointed <input type="checkbox"/> Double <input type="checkbox"/> Round <input type="checkbox"/> Square <input type="checkbox"/> Long <input type="checkbox"/>
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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: _____
