

DESCRIPTION OF OFFENDER FORM



To be compiled immediately after incident. A separate form is required for each person/offender. Place a tick as applicable. If answer is unknown, write 'UK' against the heading. **Do not** consult others during compilation. Once complete hand the forms to the Police.

NAME or NICKNAMES USED _____		APPROXIMATE AGE _____ YEARS		
SEX <input type="checkbox"/> M <input type="checkbox"/> F EYE COLOUR _____	ACCENT / ETHNIC ORIGIN _____			
COMPLEXION		VOICE		
<input type="checkbox"/> Fair <input type="checkbox"/> Dark <input type="checkbox"/> Pale <input type="checkbox"/> Rugged	<input type="checkbox"/> Clear <input type="checkbox"/> Thick <input type="checkbox"/> Loud <input type="checkbox"/> Slang			
<input type="checkbox"/> Fresh <input type="checkbox"/> Tanned <input type="checkbox"/> Pimply	<input type="checkbox"/> Accent <input type="checkbox"/> Stutter <input type="checkbox"/> Familiar			
WALK (GAIT)		CLOTHING		
<input type="checkbox"/> Quick <input type="checkbox"/> Springy <input type="checkbox"/> Limp <input type="checkbox"/> Slow	<input type="checkbox"/> Hat <input type="checkbox"/> Shirt <input type="checkbox"/> Dress <input type="checkbox"/> Hood			
HAIR		<input type="checkbox"/> Jacket <input type="checkbox"/> Gloves <input type="checkbox"/> Shoes <input type="checkbox"/> Mask		
Colour _____	TEETH			
<input type="checkbox"/> Bald <input type="checkbox"/> Straight	<input type="checkbox"/> White <input type="checkbox"/> Good <input type="checkbox"/> Bad <input type="checkbox"/> Coloured			
<input type="checkbox"/> Curly <input type="checkbox"/> Thick <input type="checkbox"/> Long <input type="checkbox"/> Crewcut	<input type="checkbox"/> Missing <input type="checkbox"/> Protruding <input type="checkbox"/> Unevenly Spaced			
SPECTACLES		SCARS / FACIAL HAIR / DISTINGUISHING MARKS		
Colour _____	<input type="checkbox"/> Shape <input type="checkbox"/> Thick Glass			
Brand _____	<input type="checkbox"/> Tinted			
HANDS		EYES		
<input type="checkbox"/> Small <input type="checkbox"/> Large <input type="checkbox"/> Hairy <input type="checkbox"/> Scars / Marks	<input type="checkbox"/> Squinty <input type="checkbox"/> Narrow <input type="checkbox"/> Wide <input type="checkbox"/> Deep set			
<input type="checkbox"/> Tattoos <input type="checkbox"/> Calloused <input type="checkbox"/> Soft <input type="checkbox"/> Deformed	LIPS / EARS / NOSE			
<input type="checkbox"/> Nails <input type="checkbox"/> Missing Fingers	<input type="checkbox"/> Small <input type="checkbox"/> Large <input type="checkbox"/> Piercing <input type="checkbox"/> Scars			
BODY TYPE		POSTURE		
<input type="checkbox"/> Thin <input type="checkbox"/> Medium <input type="checkbox"/> Stout <input type="checkbox"/> Short	<input type="checkbox"/> Erect <input type="checkbox"/> Stooped <input type="checkbox"/> Fidgety <input type="checkbox"/> Slouchy			
<input type="checkbox"/> Tall <input type="checkbox"/> Overweight				

FIRE ARMS

HANDGUNS	SAWN OFF SHOTGUNS
 Large Automatic	 Long Barrel Revolver
	 Pump Action

OTHER WEAPONS

KNIVES	SYRINGE / NEEDLES
	
SCREW DRIVERS / CLUB or OTHER...	

VEHICLE (mark any damage, accessories etc.)

DRIVERS SIDE	TYPE:
	<input type="checkbox"/> SEDAN <input type="checkbox"/> BICYCLE
	<input type="checkbox"/> STATION WAGON <input type="checkbox"/> COMMERCIAL VAN
	<input type="checkbox"/> UTILITY <input type="checkbox"/> PANEL VAN
	<input type="checkbox"/> MOTOR BIKE
PASSENGERS SIDE	State Reg. _____
	Registration No. _____
	Year _____
	Make _____
	Model _____
	Colour _____

DESCRIPTION OF OFFENDER

HAIR COLOUR _____		BALACLAVA / BEANIE HAT / CAP / HELMET _____
EYE COLOUR _____		SHIRT / T-SHIRT _____
GLASSES _____		COAT / JACKET _____
FACIAL HAIR _____		WATCH / JEWELRY _____
COMPLEXION _____		BELT BUCKLE _____
SCARS _____		PANTS / TROUSERS _____
TATTOOS _____		SOCKS _____
PIERCING _____		SHOES / BOOTS _____
WRITE DOWN SPECIFIC DETAILS YOU REMEMBER:		

