

Offender Description Form

Notes for completion:

1. The form is to be completed by staff and bystanders IMMEDIATELY AFTER AN INCIDENT.
2. Use a separate form for each person.
3. No consultation should take place when completing the form.
4. A senior officer is to collect the forms and pass them on to police.
5. Please indicate the correct response. If unknown, write "UK".

PREMISES NAME:

LOCATION:

OFFENCE:

Robbery Theft Assault

Date:

Day:

Time:

Other:

am
pm

COMPILER'S DETAILS

Surname

Occupation

Given Name(s)

Contact No.Home

Work

Address

Employer

BUILD

M F Thin Fat Medium Large

Approx Weight

AGE

10-15 15-20 20-25 25-30 30-35 35-40 40-45

Approx Age

NAME

Was called:

Sounded like:

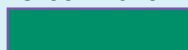
HAIR

Colour	Type	Length	Condition
<input type="checkbox"/> Black <input type="checkbox"/> Grey <input type="checkbox"/> Brown <input type="checkbox"/> Sandy <input type="checkbox"/> Blonde	<input type="checkbox"/> Straight <input type="checkbox"/> Afro <input type="checkbox"/> Wavy <input type="checkbox"/> Curly <input type="checkbox"/> Dreadlock	<input type="checkbox"/> Long <input type="checkbox"/> Medium <input type="checkbox"/> Short <input type="checkbox"/> Bald <input type="checkbox"/> Shaved	<input type="checkbox"/> Clean <input type="checkbox"/> Scruffy <input type="checkbox"/> Greasy <input type="checkbox"/> Thick <input type="checkbox"/> Thinning

HEIGHT

CM's ft in

Green Zone



Yellow Zone



Red Zone



EYES

Colour	Type	Eyebrows	Eyeglasses
<input type="checkbox"/> Black <input type="checkbox"/> Grey <input type="checkbox"/> Brown <input type="checkbox"/> Green <input type="checkbox"/> Blue	<input type="checkbox"/> Narrow <input type="checkbox"/> Wide <input type="checkbox"/> Bulging <input type="checkbox"/> Squint <input type="checkbox"/> Deep set	<input type="checkbox"/> Bushy <input type="checkbox"/> Joined <input type="checkbox"/> Thin <input type="checkbox"/> Thick <input type="checkbox"/> Shaved	<input type="checkbox"/> Clear <input type="checkbox"/> Tinted <input type="checkbox"/> Plastic <input type="checkbox"/> Metal <input type="checkbox"/> Dark

DESCENT

Race	Skin Colour	Skin Type
<input type="checkbox"/> Caucasian <input type="checkbox"/> Aboriginal <input type="checkbox"/> Maori/Pacific <input type="checkbox"/> Indian <input type="checkbox"/> Asian	<input type="checkbox"/> Fair <input type="checkbox"/> Brown <input type="checkbox"/> Pale <input type="checkbox"/> Black <input type="checkbox"/> Dark	<input type="checkbox"/> Clear <input type="checkbox"/> Greasy <input type="checkbox"/> Pimpley <input type="checkbox"/> Flushed <input type="checkbox"/> Acne

CLOTHING

Upper Body Outer	Upper Body Inner	Lower Body	Head Gear	Footwear	Gloves
Colour	Colour	Colour	Colour	Colour	Colour

IDENTIFYING MARKS

Scars, marks, tattoos, oddities etc.

Describe:	Part of the body:

MANNERISMS

Posture	Movement	Face	Eyes	Speech
<input type="checkbox"/> Stooped <input type="checkbox"/> Straight	<input type="checkbox"/> Jerky <input type="checkbox"/> Normal <input type="checkbox"/> Limp	<input type="checkbox"/> Twitch <input type="checkbox"/> Normal	<input type="checkbox"/> Blinking <input type="checkbox"/> Normal <input type="checkbox"/> Glancing	<input type="checkbox"/> Slow <input type="checkbox"/> Fast <input type="checkbox"/> Slurred <input type="checkbox"/> Stutter <input type="checkbox"/> Accent

FURTHER DETAILS

Here, describe any distinctive features not covered above.

VEHICLE DETAILS

Registration: _____

Type: _____

Make: _____

Model: _____

Year (approx): _____

Colour: _____

Distinguishing features: _____

Accessories: _____

No. of occupants: _____

**WEAPON TYPE
SHORT
DESCRIPTION
OF EVENTS**

Knife Syringe Air rifle/pistol Pistol Revolver Rifle Shotgun
 Other
