

# Physical Description

Sex _____	Race _____	Accent _____
Height _____	Weight _____	Approximate Age _____
Hair Color _____		Eye Color _____

Eye Glasses or Sun Glasses \_\_\_\_\_ Hat (Color, Style) \_\_\_\_\_

Complexion \_\_\_\_\_ Beard, Goatee, Mustache, Sideburns (Circle Choices) \_\_\_\_\_

Visible Scars, Marks, Tattoos \_\_\_\_\_ Jacket or Coat (Color) \_\_\_\_\_

\_\_\_\_\_ Subject was holding \_\_\_\_\_

## Vehicle

Direction of Travel: \_\_\_\_\_

Make / Model: \_\_\_\_\_

Color: \_\_\_\_\_

License Plate #: \_\_\_\_\_

State of Registration: \_\_\_\_\_

Damage, Bumper Stickers, etc.: \_\_\_\_\_

\_\_\_\_\_ Weapon \_\_\_\_\_

\_\_\_\_\_ Subject was transporting \_\_\_\_\_

(Style) \_\_\_\_\_ Pants (Color) \_\_\_\_\_

## Occurrence Information

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Location: \_\_\_\_\_

(Style) \_\_\_\_\_ Shoes (Color) \_\_\_\_\_

Additional notes are on the back of this page \_\_\_\_\_ Yes \_\_\_\_\_ No