



# SACRAMENTO POLICE DEPARTMENT DESCRIPTION PAGES



## Providing an accurate description:

A good description of a suspect/suspicious person or a suspicious vehicle is vital for patrol officers who are responding to a report of a crime in progress or that had just occurred. When you call the police, the dispatcher may ask you a number of questions. Please stay on the line and try to answer all the questions as accurately as you can. If you do not recall a detail, tell the dispatcher you cannot remember and do not try to guess. Inaccurate information may throw off a responding officer.

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 <input type="checkbox"/> Female <input type="checkbox"/>			
Age: _____ Height: _____ Weight: _____			
1. BUILD	2. HAIR	3. HAIR COLOR	4. FOREHEAD
Slender <input type="checkbox"/> Medium <input type="checkbox"/> Heavy <input type="checkbox"/> Fat <input type="checkbox"/> Plump <input type="checkbox"/>	None <input type="checkbox"/> Long <input type="checkbox"/> Short <input type="checkbox"/> Curly <input type="checkbox"/> Wavy <input type="checkbox"/> Straight <input type="checkbox"/> Other <input type="checkbox"/>	Black <input type="checkbox"/> Brown <input type="checkbox"/> Light Brown <input type="checkbox"/> Blonde <input type="checkbox"/> Red <input type="checkbox"/> Gray <input type="checkbox"/> Other <input type="checkbox"/>	Small <input type="checkbox"/> Large <input type="checkbox"/> Scars <input type="checkbox"/> Other <input type="checkbox"/>
5. EYEBROWS	6. EYE SHAPE	7. EYE COLOR	8. CHEEKS
Thick <input type="checkbox"/> Barely <input type="checkbox"/> Thin <input type="checkbox"/> Arched <input type="checkbox"/> Pinched <input type="checkbox"/> One brow <input type="checkbox"/>	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"/>	Brown <input type="checkbox"/> Dark Brown <input type="checkbox"/> Hazel <input type="checkbox"/> Gray <input type="checkbox"/> Green <input type="checkbox"/> Blue <input type="checkbox"/> Bright Blue <input type="checkbox"/>	High Cheekbones <input type="checkbox"/> Flat Cheekbones <input type="checkbox"/> Dimpled <input type="checkbox"/> Deep <input type="checkbox"/> Pink/Flushed <input type="checkbox"/> Pale <input type="checkbox"/> Freckles <input type="checkbox"/> Hollow <input type="checkbox"/>
9. NOSE	10. LIPS	11. MOUTH	12. TEETH
Long <input type="checkbox"/> Wide <input type="checkbox"/> Straight <input type="checkbox"/> Upturned <input type="checkbox"/> Drooping <input type="checkbox"/> Other <input type="checkbox"/>	Small <input type="checkbox"/> Large <input type="checkbox"/> Thin <input type="checkbox"/> No Upper Lip <input type="checkbox"/>	Small <input type="checkbox"/> Wide <input type="checkbox"/> Bow-shaped <input type="checkbox"/>	Even/Teased <input type="checkbox"/> Gap <input type="checkbox"/> Crooked <input type="checkbox"/> Large <input type="checkbox"/> Small <input type="checkbox"/> Missing Teeth <input type="checkbox"/>
13. CHIN			
Pointed <input type="checkbox"/> "No chin" <input type="checkbox"/> Pronounced <input type="checkbox"/> Double <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"/> Square <input type="checkbox"/> Diamond <input type="checkbox"/> Thin <input type="checkbox"/> Long <input type="checkbox"/> Fat <input type="checkbox"/> Wide <input type="checkbox"/>	Tan <input type="checkbox"/> Pale <input type="checkbox"/> Healthy <input type="checkbox"/> Freckled <input type="checkbox"/> Moles <input type="checkbox"/> Acne <input type="checkbox"/> Blemish <input type="checkbox"/>	Clean-shaven <input type="checkbox"/> Mustache <input type="checkbox"/> Sulphur <input type="checkbox"/> Beard <input type="checkbox"/> Goatee <input type="checkbox"/> Stubble <input type="checkbox"/>	Thin <input type="checkbox"/> Long neck <input type="checkbox"/> Short neck <input type="checkbox"/> Adam's Apple <input type="checkbox"/> No neck/Thick <input type="checkbox"/> Throaty <input type="checkbox"/> Chin <input type="checkbox"/>
18. SCARS / TATTOOS	19. HANDS / FINGERS		
Describe: _____	Long Fingers <input type="checkbox"/> Short Fingers <input type="checkbox"/> Ring <input type="checkbox"/> Wash <input type="checkbox"/> Scars on hand <input type="checkbox"/> Describe: _____		
20. CLOTHING DESCRIPTION			
HAT (Wet cap, Baseball, Cowboy, etc.) _____			
GLASSES (Sunglasses, Tinted, White, opaque, Dark) _____			
COAT (Trench coat, Raincoat, Raincoat, Leather, Windbreaker, Sport coat) _____			
SHIRT (Long-sleeved, Short-sleeved, Tank top, T-shirt, Button-up, Polo shirt, Hoodie) _____			
PANTS (Sweatpants, Jeans, Shorts, Skirt) _____			
BELT (Leather, Buckle, Gold/Steel, Cloth, Logo) _____			
SHOES (Sneakers, Boots, Sandals, Dress) _____			
SOCKS (Color or Color) _____			
GLOVES (Leather, Knit, Color) _____			
JEWELRY (Watch, Rings, Earrings, Locket, Bracelet, Necklace, Pendant, Chain, Gold/Silver) _____			
MASK (Old mask, Other/Color) _____			
CLOTHING NOTES _____			

SACRAMENTO POLICE DEPARTMENT VEHICLE DESCRIPTION FORM	
Color: _____	
Year: _____	
Make: _____	
Model: _____	
License plate: _____	
State of license: _____	
Direction of travel: _____	
Time elapsed: _____	
Bumper stickers: _____	
Body damage: _____	
Tinted windows: _____	
Unique characteristics: _____	

## Using the forms:

These forms will help you document a complete and accurate description in an emergency. Please take the time to review these pages and familiarize yourself with the information needed to provide a good description to police. Make copies for yourself and your neighbors to have available in you witness a crime or suspicious activity. An accurate description of a vehicle or person can make the difference between catching the culprit or allowing a criminal to evade arrest.

Call police immediately and use the forms to help provide accurate information or fill out the forms while the officers are on their way.

**PLEASE CALL THE POLICE DEPARTMENT BEFORE FILLING OUT THIS FORM.  
TIME IS OF THE ESSENCE!**



# 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:
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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:** \_\_\_\_\_



# SACRAMENTO POLICE DEPARTMENT VEHICLE DESCRIPTION FORM



Color:
Year:
Make:
Model:
License plate:
State of license:
Direction of travel:
Time elapsed:
Bumper stickers:
Body damage:
Tinted windows:
Unique characteristics: