



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: _____																																								
<table border="1"> <tr> <td>1. BUILD</td> <td>2. HAIR</td> <td>3. HAIR COLOR</td> <td>4. FOREHEAD</td> </tr> <tr> <td>Slender <input type="checkbox"/></td> <td>Black <input type="checkbox"/></td> <td>Small <input type="checkbox"/></td> <td>Tan <input type="checkbox"/></td> </tr> <tr> <td>Medium <input type="checkbox"/></td> <td>Brown <input type="checkbox"/></td> <td>Large <input type="checkbox"/></td> <td>Pale <input type="checkbox"/></td> </tr> <tr> <td>Heavy <input type="checkbox"/></td> <td>Li-Brown <input type="checkbox"/></td> <td>Very Large <input type="checkbox"/></td> <td>Platinum <input type="checkbox"/></td> </tr> <tr> <td>Thin <input type="checkbox"/></td> <td>Red <input type="checkbox"/></td> <td>Medium <input type="checkbox"/></td> <td>Medium <input type="checkbox"/></td> </tr> <tr> <td>Muscular <input type="checkbox"/></td> <td>Blonde <input type="checkbox"/></td> <td>Large <input type="checkbox"/></td> <td>Dark <input type="checkbox"/></td> </tr> <tr> <td colspan="4">Other: _____</td> </tr> </table>				1. BUILD	2. HAIR	3. HAIR COLOR	4. FOREHEAD	Slender <input type="checkbox"/>	Black <input type="checkbox"/>	Small <input type="checkbox"/>	Tan <input type="checkbox"/>	Medium <input type="checkbox"/>	Brown <input type="checkbox"/>	Large <input type="checkbox"/>	Pale <input type="checkbox"/>	Heavy <input type="checkbox"/>	Li-Brown <input type="checkbox"/>	Very Large <input type="checkbox"/>	Platinum <input type="checkbox"/>	Thin <input type="checkbox"/>	Red <input type="checkbox"/>	Medium <input type="checkbox"/>	Medium <input type="checkbox"/>	Muscular <input type="checkbox"/>	Blonde <input type="checkbox"/>	Large <input type="checkbox"/>	Dark <input type="checkbox"/>	Other: _____															
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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"/>	Close-shaved <input type="checkbox"/>	Tan neck <input type="checkbox"/>
Square <input type="checkbox"/>	Pale <input type="checkbox"/>	Plaisted <input type="checkbox"/>	Long neck <input type="checkbox"/>
Universal <input type="checkbox"/>	Healthy <input type="checkbox"/>	Salisbury <input type="checkbox"/>	Short neck <input type="checkbox"/>
Triangular <input type="checkbox"/>	Normal <input type="checkbox"/>	Beard <input type="checkbox"/>	Weak neck <input type="checkbox"/>
Long <input type="checkbox"/>	Moist <input type="checkbox"/>	Goatee <input type="checkbox"/>	No neck <input type="checkbox"/>
Pat <input type="checkbox"/>	Acne <input type="checkbox"/>	Stubble <input type="checkbox"/>	Thick neck <input type="checkbox"/>
Wide <input type="checkbox"/>	rough <input type="checkbox"/>	Dry <input type="checkbox"/>	

18. SCARS / TATTOOS	19. HANDS / NAILS
Describe: _____	Long fingers <input type="checkbox"/> Short fingers <input type="checkbox"/> Ring <input type="checkbox"/> Nails <input type="checkbox"/> Nails on hand <input type="checkbox"/> Describe: _____
Dry nails <input type="checkbox"/> Long nails <input type="checkbox"/> Chipped nails <input type="checkbox"/> Painted nails <input type="checkbox"/> Color: _____	

20. CLOTHING DESCRIPTION

HAT (W/ cap, Beret, Bowler, Cowboy etc.)
GLASSES (Sunglasses, Tinted, Wire framed, Dark)
CLOAT (Trenchcoat, Windbreaker, Raincoat, Leather, Windbreaker, Sport coat etc.)
SHIRT (Long-sleeved, Short-sleeved, Tank top, T-shirt, Button-up, Pullover, Hoodie)
PANTS (Sweatpants, jeans, Denim, Denim)
BELT (Leather, Plastic, Gold, Silver, Cloth, Leather)
SHOES (Leather, Rubber, Sock, Sandal, Dress)
SOCKS (None or Color)
GLOVES (Leather, Vinyl, Rubber)
JEWELRY (Wrist, Earrings, Lip or Ear Piercing, Ring) NECKLACE (Chain, Gold/Silver)
MASK (Si or 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 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 Describe: _____ _____ _____ _____ _____ _____ _____ _____	19. HANDS / NAILS 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: _____ _____ _____ _____ _____ _____ Color: _____
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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): _____

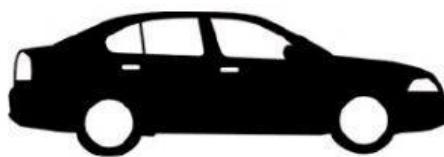
JEWELRY (Watch, Earring(s) L/R ear, Diamond, Hoop) **NECKLACE** (Chain, Gold/Silver): _____

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: