



SUSPICIOUS INCIDENT REPORT

This information could help solve a crime

Time: _____ **Date:** _____

Location of Incident: _____

Nature of Incident: _____

SUSPECT PERSON			SUSPECT VEHICLE		
Sex: M F (circle)		Height: _____ cm short med. tall	Vehicle Make		
Build		Hair Colour			Notes
<input type="checkbox"/> Fat		<input type="checkbox"/> Red/Ginger/Sandy	<input type="checkbox"/>	Mazda	
<input type="checkbox"/> Obese (very fat)		<input type="checkbox"/> Bleached	<input type="checkbox"/>	Toyota	
<input type="checkbox"/> Fair		<input type="checkbox"/> Black	<input type="checkbox"/>	4WD	
<input type="checkbox"/> Thin (slender)		<input type="checkbox"/> Grey	<input type="checkbox"/>	Holden	
<input type="checkbox"/> Medium		<input type="checkbox"/> Dark Brown	<input type="checkbox"/>	Nissan	
<input type="checkbox"/> Muscular		<input type="checkbox"/> Light Brown	<input type="checkbox"/>	Ford	
<input type="checkbox"/> Solid		<input type="checkbox"/> Other	<input type="checkbox"/>	Other	
Hair Style		Eye Colour		Type of Vehicle	
<input type="checkbox"/> Straight		<input type="checkbox"/> Grey	<input type="checkbox"/>	<input type="checkbox"/> Sedan	
<input type="checkbox"/> Balding		<input type="checkbox"/> Brown	<input type="checkbox"/>	<input type="checkbox"/> Station Wagon	
<input type="checkbox"/> Balding		<input type="checkbox"/> Black	<input type="checkbox"/>	<input type="checkbox"/> Panel Van	
<input type="checkbox"/> Short		<input type="checkbox"/> Green	<input type="checkbox"/>	<input type="checkbox"/> Hatchback	
<input type="checkbox"/> Long		<input type="checkbox"/> Hazel	<input type="checkbox"/>	<input type="checkbox"/> Utility	
<input type="checkbox"/> Curly		<input type="checkbox"/> Blue	<input type="checkbox"/>	<input type="checkbox"/> Van	
<input type="checkbox"/> Dreadlocks		<input type="checkbox"/> Spectacles	<input type="checkbox"/>	<input type="checkbox"/> Truck	
<input type="checkbox"/> Other		<input type="checkbox"/> Dark Glasses	<input type="checkbox"/>	<input type="checkbox"/> Convertible	
		<input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/> Other	
Complexion		Facial Hair		Car Body Colour	
<input type="checkbox"/> Caucasian		<input type="checkbox"/> Moustache	<input type="checkbox"/>	<input type="checkbox"/> White	<input type="checkbox"/> Brown
<input type="checkbox"/> Asian		<input type="checkbox"/> Full Beard	<input type="checkbox"/>	<input type="checkbox"/> Blue	<input type="checkbox"/> Silver
<input type="checkbox"/> Black		<input type="checkbox"/> Goatee Beard	<input type="checkbox"/>	<input type="checkbox"/> Black	<input type="checkbox"/> Green
<input type="checkbox"/> Sallow		<input type="checkbox"/> Chin Tuft	<input type="checkbox"/>	<input type="checkbox"/> Cream	<input type="checkbox"/> Metallic
<input type="checkbox"/> Pale		<input type="checkbox"/> Sideburns	<input type="checkbox"/>	<input type="checkbox"/> Grey	<input type="checkbox"/> Other
<input type="checkbox"/> Medium		<input type="checkbox"/> Other Type	<input type="checkbox"/>	<input type="checkbox"/> Red	
<input type="checkbox"/> Olive		<input type="checkbox"/> Explain:	<input type="checkbox"/>	<input type="checkbox"/> Gold	
<input type="checkbox"/> Dark			<input type="checkbox"/>	<input type="checkbox"/> Fawn	
<input type="checkbox"/> Acne			<input type="checkbox"/>	Car Registration:	
Tattoos/Scars			Car Accessories		
Location:			e.g.- roof rack, spoiler, rear louvre ...		
Description:					
Clothing			Other		
Upper Body:			e.g. - damage, sign-writing		
Lower Body:					
Shoes:					
Previously Observed?					
Where / When:					

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