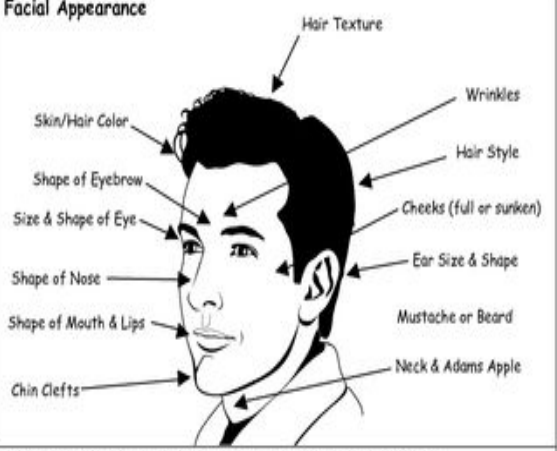
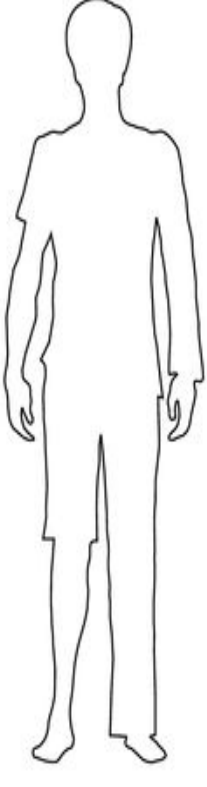


# Numismatic Crime Information Center

## Suspect Description Form

*(Call 911 if robbery or theft)*

<b>SEX:</b> Male <input type="checkbox"/> Female <input type="checkbox"/>	<b>RACE:</b> White <input type="checkbox"/> Black <input type="checkbox"/> Other <input type="checkbox"/>	<b>AGE</b>	<div style="border: 1px solid black; padding: 5px;"> <p><b>Facial Appearance</b></p>  <p>Only those specific facial details you definitely remember.</p> <p><input type="checkbox"/> Suspicious Person    <input type="checkbox"/> Robbery Suspect</p> <p>What did suspect do or say?</p> <p>Details of incident</p> </div>																	
<b>HEIGHT</b>		<b>LEFT/RIGHT HANDED</b>																		
<b>WEIGHT</b>		<b>HAT (COLOR/TYPE)</b>																		
<b>HAIR</b>		<b>TIE</b>																		
<b>EYES</b>		<b>COAT</b>																		
<b>GLASSES TYPE</b>		<b>SHIRT</b>																		
<b>TATTOOS</b>		<b>TROUSERS</b>																		
<b>SCARS/MARKS</b>		<b>SHOES</b>																		
<b>COMPLEXION</b>		<b>WEAPON</b>																		
				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;"><b>VEHICLE</b></td> <td style="width: 20%;">Color</td> <td style="width: 20%;">Make</td> <td style="width: 20%;">Model</td> </tr> <tr> <td colspan="2">Body Style</td> <td>Damage/Rust</td> <td>License Number</td> </tr> <tr> <td colspan="2">Direction of Travel</td> <td>Date of Report</td> <td>Phone</td> </tr> <tr> <td colspan="4">Witnesses</td> </tr> </table>	<b>VEHICLE</b>	Color	Make	Model	Body Style		Damage/Rust	License Number	Direction of Travel		Date of Report	Phone	Witnesses			
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