

## BANDIT DESCRIPTION FORM

**Do not discuss details of the crime or bandit descriptions with anyone except the officer in charge or law enforcement officials.**

**RECORD YOUR OWN OBSERVATIONS,  
NOT WHAT SOMEONE TELLS YOU.**

Use a separate form for each bandit.

Time of robbery \_\_\_\_\_ a.m. \_\_\_\_\_ p.m. No. of robbers involved \_\_\_\_\_ This form describes robber no. \_\_\_\_\_

<p><b>Race:</b> White <input type="checkbox"/> Black <input type="checkbox"/> Am. Indian <input type="checkbox"/>                  Mexican Am. <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Hispanic <input type="checkbox"/>                  Asian <input type="checkbox"/> Other _____</p>	<p><b>Shirt or blouse:</b> Color _____  <b>Type:</b> Work <input type="checkbox"/> Sport <input type="checkbox"/> Dress <input type="checkbox"/> T-shirt <input type="checkbox"/>                  Sweatshirt <input type="checkbox"/> Other data _____</p>
<p><b>Sex:</b> Male <input type="checkbox"/> Female <input type="checkbox"/>  <b>Age</b> _____ <b>Height</b> _____ <b>Weight</b> _____  <b>Build:</b> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/>  <b>Stature:</b> Thin <input type="checkbox"/> Medium <input type="checkbox"/> Heavy <input type="checkbox"/>  <b>Complexion:</b> Light <input type="checkbox"/> Medium <input type="checkbox"/> Dark <input type="checkbox"/>                  Ruddy <input type="checkbox"/> Fair <input type="checkbox"/> Wrinkled <input type="checkbox"/></p>	<p><b>Sweater:</b> No <input type="checkbox"/> Yes <input type="checkbox"/> If yes – color _____  <b>Type:</b> Button <input type="checkbox"/> Pullover <input type="checkbox"/>                  Other data _____</p>
<p><b>Hair:</b> Bald <input type="checkbox"/> Partially bald <input type="checkbox"/>                  Color _____ Very short (close cropped) <input type="checkbox"/>                  Short <input type="checkbox"/> Medium <input type="checkbox"/> Long <input type="checkbox"/> Very long <input type="checkbox"/>  <b>Beard:</b> No <input type="checkbox"/> Yes <input type="checkbox"/> <b>Mustache:</b> No <input type="checkbox"/> Yes <input type="checkbox"/>  <b>Sideburns:</b> No <input type="checkbox"/> Yes <input type="checkbox"/>                  If yes – Short <input type="checkbox"/> Medium <input type="checkbox"/> Long <input type="checkbox"/></p>	<p><b>Pants:</b> Color _____  <b>Type:</b> Work <input type="checkbox"/> Sport <input type="checkbox"/> Dress <input type="checkbox"/>  <b>Shoes:</b> Color _____  <b>Style:</b> Work <input type="checkbox"/> Sport <input type="checkbox"/> Dress <input type="checkbox"/>                  Type of Heel _____</p>
<p><b>Glasses:</b> No <input type="checkbox"/> Yes <input type="checkbox"/>                  If yes – Regular <input type="checkbox"/> Sunglasses <input type="checkbox"/>  <b>Size of frame:</b> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/>  <b>Type of frame:</b> Wire <input type="checkbox"/> Plastic <input type="checkbox"/> Color _____  <b>Shape of frame:</b> Regular <input type="checkbox"/> Round <input type="checkbox"/>                  Square <input type="checkbox"/> Rectangular <input type="checkbox"/></p>	<p><b>Coat:</b> No <input type="checkbox"/> Yes <input type="checkbox"/> If yes – color _____  <b>Type:</b> Business suit <input type="checkbox"/> Sport suit <input type="checkbox"/>                  Jacket <input type="checkbox"/> Overcoat <input type="checkbox"/> Raincoat <input type="checkbox"/>  <b>Style:</b> Button <input type="checkbox"/> Zipper <input type="checkbox"/> Other _____  <b>Length:</b> Hip level <input type="checkbox"/> Knee level <input type="checkbox"/>                  Thigh level <input type="checkbox"/> Other _____  <b>Gloves:</b> No <input type="checkbox"/> Yes <input type="checkbox"/> If yes – color _____                  Type _____</p>
<p><b>Hat:</b> No <input type="checkbox"/> Yes <input type="checkbox"/> If yes – color _____                  Type _____  <b>Tie:</b> No <input type="checkbox"/> Yes <input type="checkbox"/> If yes – color _____</p>	<p><b>Mask or Disguise:</b> No <input type="checkbox"/> Yes <input type="checkbox"/>                  If yes, describe _____                  _____                  _____                  _____                  _____</p>

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<p><b>Weapon:</b> None seen <input type="checkbox"/> Gun <input type="checkbox"/> Knife <input type="checkbox"/>          Other (describe) _____          If gun, Rifle <input type="checkbox"/> Shotgun <input type="checkbox"/>          Pistol <input type="checkbox"/> Revolver <input type="checkbox"/> Automatic <input type="checkbox"/></p> <p><b>Color of Gun:</b> Black <input type="checkbox"/> Chrome <input type="checkbox"/> Blue <input type="checkbox"/></p> <p><b>Speech:</b> Coarse <input type="checkbox"/> Refined <input type="checkbox"/> High <input type="checkbox"/> Low <input type="checkbox"/>          Accent <input type="checkbox"/> Drawl <input type="checkbox"/> Stutter <input type="checkbox"/>          Lisp <input type="checkbox"/> Normal <input type="checkbox"/></p> <p><b>Manner:</b> Polite <input type="checkbox"/> Gruff <input type="checkbox"/> Nervous <input type="checkbox"/>          Calm <input type="checkbox"/> Alcoholic <input type="checkbox"/></p> <p><b>Direction of Escape</b> _____</p>	<p><b>Motor Vehicle:</b> Colors:          Top _____          Bottom _____</p> <p>Make of auto: _____</p> <p>Model: _____</p> <p>2 Dr. <input type="checkbox"/> 4 Dr. <input type="checkbox"/> Sedan <input type="checkbox"/> Wagon <input type="checkbox"/>          Van <input type="checkbox"/> Other _____</p> <p>License plate no.: _____</p> <p>Out-of-state: No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>Color of plate: _____</p> <p>Color of numbers: _____</p> <p>Number of people in vehicle: _____</p>
<p>Scars, marks or moles _____</p> <p>Does subject resemble any acquaintance? _____</p> <p>Subject first observed: Remarks _____</p> <p>_____</p> <p>Actions of subject: Remarks _____</p> <p>_____</p> <p>Words spoken by subject: _____</p> <p>_____</p> <p>Was the money placed in a container? No <input type="checkbox"/> Yes <input type="checkbox"/> If yes – describe _____</p> <p>_____</p> <p>Other remarks: peculiarities, jewelry, etc. _____</p> <p>_____</p> <p>Other details _____</p> <p>_____</p> <p>_____</p> <p>Location of employee/member in relation to subject(s) _____</p> <p>_____</p> <p>Name of witness _____ Phone nos. Home _____ Bus. _____</p> <p>Address _____ City _____ State _____ Zip _____</p> <p>Signature _____ Date _____</p>	

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