



Mansfield University Police Department
Suspect Description Form

Case# _____

Investigating Officer _____

Name First	MI	Last	DOB	SSN
Address	Street	City	State	Zip
Telephone#	Home: Work:	Cell:	Date:	Time:

Fill in the blanks below as soon after the incident as possible on each suspect involved. DO NOT COMPARE YOUR NOTES WITH ANYONE ELSE. DO NOT GUESS. DESCRIBE ONLY THOSE ITEMS OF WHICH YOU ARE CERTAIN. Once completed, give this form to the investigating officer.

Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female					
Race:	<input type="checkbox"/> White	<input type="checkbox"/> Black	<input type="checkbox"/> Asian	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Other:		
Build:	<input type="checkbox"/> Slender	<input type="checkbox"/> Medium	<input type="checkbox"/> Heavy	<input type="checkbox"/> Obese			
Complexion:	<input type="checkbox"/> Light	<input type="checkbox"/> Medium	<input type="checkbox"/> Dark	<input type="checkbox"/> Freckled			
Hair:	<input type="checkbox"/> Black	<input type="checkbox"/> Brown	<input type="checkbox"/> Blonde	<input type="checkbox"/> Red	<input type="checkbox"/> White	<input type="checkbox"/> Gray	
	<input type="checkbox"/> Other - Describe:						
Facial Hair:	<input type="checkbox"/> Smooth shaven	<input type="checkbox"/> Unshaven	<input type="checkbox"/> Sideburns	<input type="checkbox"/> Mustache	<input type="checkbox"/> Beard		
	<input type="checkbox"/> Goatee	Facial Hair Length/Shape:		Facial Hair color:			
Speech:	<input type="checkbox"/> Loud	<input type="checkbox"/> Soft	<input type="checkbox"/> Rapid	<input type="checkbox"/> Slow	<input type="checkbox"/> Profane	<input type="checkbox"/> Raspy	<input type="checkbox"/> Lisp
	<input type="checkbox"/> Nasal	<input type="checkbox"/> Stutters or Stammers	Other -Describe:				
Teeth:	<input type="checkbox"/> Good	<input type="checkbox"/> All Missing	<input type="checkbox"/> Several Missing	<input type="checkbox"/> Stained	<input type="checkbox"/> Braces or Retainer	<input type="checkbox"/> Capped	
	<input type="checkbox"/> Decayed	<input type="checkbox"/> Gaps	<input type="checkbox"/> Crooked	<input type="checkbox"/> Buck Teeth	<input type="checkbox"/> Gold/Silver	<input type="checkbox"/> False	
Clothing: Describe if wearing item, and briefly describe color, material, style, etc.							
<input type="checkbox"/> Hat:	<input type="checkbox"/> Overcoat:	<input type="checkbox"/> Raincoat:					
<input type="checkbox"/> Jacket:	<input type="checkbox"/> Shoes:	<input type="checkbox"/> Socks:					
<input type="checkbox"/> Pants:	<input type="checkbox"/> Skirt:	<input type="checkbox"/> Blouse/Shirt:					
<input type="checkbox"/> Dress:	<input type="checkbox"/> Tie:	<input type="checkbox"/> Gloves:					
<input type="checkbox"/> Other							
Deformities:	<input type="checkbox"/> None	<input type="checkbox"/> Stoop Shoulder	<input type="checkbox"/> Hunchback	<input type="checkbox"/> Stiff Fingers	<input type="checkbox"/> Lamé		
	<input type="checkbox"/> Deformed Hand-left or right(circle one)?	<input type="checkbox"/> Feet	<input type="checkbox"/> Bowlegged				
	<input type="checkbox"/> Limp - Which leg-left or right (circle one)?	<input type="checkbox"/> Amputations : Describe					



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Jewelry: Check if wearing item and briefly describe.

[] Ring Which hand?

[] Wrist watch Which wrist?

[] Pin [] Tie clasp

[] Bracelets [] Earrings

[] Other

Personal Characteristics:

- [] Chewed Gum [] Cigar [] Pipe [] Cigarette [] Nervous
[] Liquor on Breath [] Intoxicated [] Calm [] Left handed [] Right handed
[] Smiling [] Licks Lips [] Bites fingernails [] Other

Piercings, scars, marks, tattoos? Describe:

Weapon:

- [] None [] Revolver [] Automatic [] Rifle [] Shotgun
[] Knife [] Bomb Other:

Method of Escape:

- [] Car [] On foot [] Direction of Travel [] Don't Know

Vehicle Description:

Plate number & state:

Make: Model: Color:

- [] 2 door [] 4 door [] Wagon [] SUV [] Van [] Truck [] Motorcycle

Other distinguishing characteristics:

Was anyone in the vehicle who was not taking part? [] Yes [] No [] Don't Know

Where was vehicle parked:

From what direction did it come?

Monitor the MUPD website mansfield.edu/police for updates

Call MUPD 570-662-4900

Signature

Date