

Gotham Police Department

Incident Report

Priority 3

Copy To: _____

Report Title INDECENT EXPOSURE						Report Date 04/29/01		Incident Number 01-061967	
Officer Name/Serial Number S.M. BAIR #11511				Offense Code 13140200		Location of Occurrence 646 OATES ST			
RD 1511	Beat 18	Shift 0	Division 00	# Victims 1	Date Occurred 04/29/01	Time Occurred 19:45	Latest Possible Date	Latest Possible Time	Stolen Property
Name Type V		Name (Last, First, Middle) WALSH, DENNIS L				Address 646 OATES ST		City GOTHAM	
State Zip Code		Phone		School/Business Name COPPER CREEK		School/Business Phone (123) 456-7890		DOB 01/31/56	Sex M
Weight 200		Hair GRY	Eyes GRN	Veh Lic State	Veh Lic Number	PROSECUTE PAMPHLET NOTIFICATION YES YES YES	Veh Year	Veh Make	Veh Model
Veh Style		Veh Color							
Name Type		Name (Last, First, Middle)				Address		City	
State Zip Code		Phone		School/Business Name		School/Business Phone		DOB	Sex
Weight		Hair	Eyes	Veh Lic State	Veh Lic Number	PROSECUTE PAMPHLET NOTIFICATION	Veh Year	Veh Make	Veh Model
Veh Style		Veh Color							
Name Type		Name (Last, First, Middle)				Address		City	
State Zip Code		Phone		School/Business Name		School/Business Phone		DOB	Sex
Weight		Hair	Eyes	Veh Lic State	Veh Lic Number	PROSECUTE PAMPHLET NOTIFICATION	Veh Year	Veh Make	Veh Model
Veh Style		Veh Color							
Name Type		Name (Last, First, Middle)				Address		City	
State Zip Code		Phone		School/Business Name		School/Business Phone		DOB	Sex
Weight		Hair	Eyes	Veh Lic State	Veh Lic Number	PROSECUTE PAMPHLET NOTIFICATION	Veh Year	Veh Make	Veh Model
Veh Style		Veh Color							

(S) HISPANIC MALE, EARLY 20'S, 5'1, 175 LBS, THIN BUILD, BALD, CLEAN CUT, DARK COLORED SHORTS, DARK SHOES, NO SHIRT, WHITE BOXER SHORTS.

ON 4/29/01 AT APPROXIMATELY 0745 HOURS, THE LISTED SUSPECT WAS RECKLESS IN DISPLAYING HIS GENITALS AND WAS RECKLESS ABOUT WEATHER WALSH WAS OFFENDED OR ALARMED. WALSH SAID HE WAS APPROXIMATELY 3 FEET FROM THE SUSPECT WHO HE SAW STANDING BETWEEN APARTMENT BUILDINGS AT THE SOUTH END OF THE COPPER CREEK APARTMENTS, 646 OATES ST, GOTHAM. WALSH STATED THE SUSPECT HAD HIS SHORTS DOWN BY HIS KNEES AND WAS HOLDING HIS GENITALS IN HIS LEFT HAND. WALSH SAID HE WAS OFFENDED BY THE SUSPECT'S ACTIONS. WALSH CAN IDENTIFY THE SUSPECT IF SEEN AGAIN.

A CHECK OF THE AREA FOR THE SUSPECT MET WITH NEGATIVE RESULTS. I CHECKED WITH RESIDENTS IN APT# 1044 AND 2044 BUT NEITHER COULD OFFER ANY INFORMATION REGARDING THE INCIDENT.

THE SUSPECT WAS LAST SEEN BY WALSH WALKING NORTHBOUND THROUGH THE COMPLEX.

THERE ARE NO SUSPECTS, EVIDENCE, WITNESSES, OR INVESTIGATIVE LEADS.

-- PENDING --

Routing:		CC	News/Patrol	CC	Other	Special Gen
Item Type:		Item #	Property Type			
Brand:		Model:	Description			
Serial Number		Owner Applied #		Date Stolen	Date Reported	Date Recovered
Dispo Code: 60	Property Location:	Locker Number	Value Stolen	Value Recovered	Released On (Date)	
Property Tag #	Evidence?	Owner Name		Owner Address		
City	State	Zip Code	Location Removed From:			
Date/Time Placed Into Property:			Supervisor's Approval/Signature			ECC: Yes No

SUSPECT INFORMATION

☐ SAME MO ALL SUSPECTS

OFFICER NAME/SER. # S.M. BAIR #11511

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Suspect Name (L,F,M) UNKNOWN

SUSPECT VEHICLE LICENSE PLATE #:

INCIDENT "MO" DETAIL

<p>1 SUSPECT - VICTIM RELATIONSHIP (CHOOSE ONE THAT APPLIES)</p> <p>S <input type="checkbox"/> ACQUAINTANCE T <input type="checkbox"/> BOY FRIEND J <input type="checkbox"/> BROTHER D <input type="checkbox"/> COMMON LAW HUSBAND E <input type="checkbox"/> COMMON LAW WIFE I <input type="checkbox"/> DAUGHTER X <input type="checkbox"/> EMPLOYEE V <input type="checkbox"/> EMPLOYER 7 <input type="checkbox"/> EX HUSBAND 2 <input type="checkbox"/> EX ROOMMATE W <input type="checkbox"/> EX WIFE F <input type="checkbox"/> FATHER Z <input type="checkbox"/> FRIEND 0 <input type="checkbox"/> GAY RELATION U <input type="checkbox"/> GIRL FRIEND 8 <input type="checkbox"/> HUSBAND L <input type="checkbox"/> IN-LAW 9 <input type="checkbox"/> MOTHER R <input type="checkbox"/> NEIGHBOR Q <input type="checkbox"/> OTHER FAMILY 1 <input type="checkbox"/> ROOMMATE K <input type="checkbox"/> SISTER H <input type="checkbox"/> SON P <input type="checkbox"/> STEPDaUGHTER M <input type="checkbox"/> STEPFATHER N <input type="checkbox"/> STEPMOTHER O <input type="checkbox"/> STEPSON 4 <input type="checkbox"/> STRANGER A <input type="checkbox"/> UNKNOWN C <input type="checkbox"/> WIFE 5 <input type="checkbox"/> CUSTOMER</p>	<p>4 OBJECT OF ATTACK (OBJECT / LOCATION TARGETED) (TWO CHOICES AVAILABLE)</p> <p>J <input type="checkbox"/> ATTIC K <input type="checkbox"/> BASEMENT M <input type="checkbox"/> BATHROOM L <input type="checkbox"/> BEDROOM D <input type="checkbox"/> CASH REGISTER / DRAWER I <input type="checkbox"/> CUSTOMER / S H <input type="checkbox"/> DISPLAY ITEMS N <input type="checkbox"/> FAMILY ROOM / DEN Q <input type="checkbox"/> GARAGE / CARPORT P <input type="checkbox"/> KITCHEN Q <input type="checkbox"/> LIVING ROOM B <input type="checkbox"/> NON-RESIDENTIAL E <input type="checkbox"/> OWNER / EMPLOYEE T <input type="checkbox"/> POOL AREA S <input type="checkbox"/> PURSE / WALLET / LUGGAGE C <input type="checkbox"/> RESIDENTIAL F <input type="checkbox"/> SAFE / BOX R <input type="checkbox"/> STORAGE AREA A <input type="checkbox"/> UNKNOWN G <input type="checkbox"/> VENDING MACHINE</p>	<p>7 METHOD OF ATTACK: PERSONS (UP TO 5 CHOICES AVAILABLE)</p> <p>48 <input type="checkbox"/> ANSWERS VICTIM'S AD 50 <input type="checkbox"/> ASKS FOR INFO / DIRECT 58 <input type="checkbox"/> BANK EXAMINER SCAM 07 <input type="checkbox"/> BEATS VICTIM 04 <input type="checkbox"/> BITES VICTIM 02 <input type="checkbox"/> CHOKES VICTIM 28 <input type="checkbox"/> CLIMAXES IMMEDIATELY 21 <input type="checkbox"/> COVERS FACE OF VICTIM 22 <input type="checkbox"/> COVERS VICTIM'S MOUTH 06 <input type="checkbox"/> CUST VICTIM 26 <input type="checkbox"/> DEFACATES AT SCENE 59 <input type="checkbox"/> DISABLES TELEPHONE 19 <input type="checkbox"/> DISROBES BEFORE 04 <input type="checkbox"/> FORCED FONDLING 29 <input type="checkbox"/> FORCED MASTURBATION 30 <input type="checkbox"/> FORCED REGISTER OPEN 31 <input type="checkbox"/> FORCED SAFE OPEN 42 <input type="checkbox"/> FORCED TO LAY ON FLOOR 39 <input type="checkbox"/> HIDES FACE 03 <input type="checkbox"/> HITS VICTIM 32 <input type="checkbox"/> JUMPS COUNTER 37 <input type="checkbox"/> JUMPS VICTIM FROM BEHIND 06 <input type="checkbox"/> KIDNAPS VICTIM 13 <input type="checkbox"/> KISSES VICTIM 44 <input type="checkbox"/> KNOWLEDGE OF ALARM SYSTEM 45 <input type="checkbox"/> KNOWLEDGE OF SAFE 49 <input type="checkbox"/> LOOKING FOR WORK 51 <input type="checkbox"/> LURES VICTIM TO AREA 02 <input type="checkbox"/> MEETS IN PUBLIC PLACE 25 <input type="checkbox"/> NO ERECTION 36 <input type="checkbox"/> NOTE USED 55 <input type="checkbox"/> OFFERS ASSISTANCE 10 <input type="checkbox"/> ORAL COUPLETE VICTIM 87 <input type="checkbox"/> POSES AS AN OFFICER 47 <input type="checkbox"/> POSES AS A SALESMAN 50 <input type="checkbox"/> QUICK CHANGE 43 <input type="checkbox"/> RAISED HANDS 11 <input type="checkbox"/> RAPES VICTIM 20 <input type="checkbox"/> REMAIN CLOTHED 06 <input type="checkbox"/> SHOOTS VICTIM 17 <input type="checkbox"/> SODOMIZES VICTIM 56 <input type="checkbox"/> SUSPECT HITCH-HIKING 41 <input type="checkbox"/> TAKES CASH DRAWER 18 <input type="checkbox"/> TAKES CLOTHING / PERS 40 <input type="checkbox"/> TAKES MONEY FROM REGISTER 08 <input type="checkbox"/> TIES / HANDCUFFS VICTIM 10 <input type="checkbox"/> THREATENS VICTIM 25 <input type="checkbox"/> TOLD VICTIM TO COUNT 16 <input type="checkbox"/> TOUCH - KISS BREASTS 14 <input type="checkbox"/> TOUCH - KISS GENITALS 45 <input type="checkbox"/> UNIQUE STATEMENT 01 <input type="checkbox"/> UNKNOWN 27 <input type="checkbox"/> URINATES AT SCENE 25 <input type="checkbox"/> USES DESCENTIES 12 <input type="checkbox"/> USES LUBRICANT 33 <input type="checkbox"/> USES STOLEN AUTO 04 <input type="checkbox"/> USES VICTIM'S AUTO 36 <input type="checkbox"/> VICT. REAR PREMISES 84 <input type="checkbox"/> VICTIM HITCH-HIKING 29 <input type="checkbox"/> WAITS AT STRUCTURE</p>	<p>9 TYPE OF PROPERTY TAKEN (IF PROPERTY CRIME) (3 CHOICES AVAILABLE)</p> <p>C <input type="checkbox"/> CLOTHING - FURS I <input type="checkbox"/> CONSUMABLE GOODS A <input type="checkbox"/> CURRENCY - NOTES G <input type="checkbox"/> FIREARMS H <input type="checkbox"/> HOUSEHOLD GOODS J <input type="checkbox"/> JEWELRY - PRECIOUS METALS L <input type="checkbox"/> LIVESTOCK K <input type="checkbox"/> MISCELLANEOUS D <input type="checkbox"/> MOTOR VEHICLES E <input type="checkbox"/> OFFICE EQUIPMENT F <input type="checkbox"/> TV - RADIO - CAMERA</p>
<p>2 TYPE OF PREMISE (CHOOSE ONE THAT APPLIES)</p> <p>A <input checked="" type="checkbox"/> APARTMENT B <input type="checkbox"/> AUTO SALES & ACCESS D <input type="checkbox"/> BARBER / BEAUTY SPAS E <input type="checkbox"/> BOWLING ALLEY F <input type="checkbox"/> BUILDING UNDER CONST. G <input type="checkbox"/> CAR WASH H <input type="checkbox"/> CEMETERY J <input type="checkbox"/> CHILD CARE CENTER I <input type="checkbox"/> CHURCH K <input type="checkbox"/> CLUBHOUSE / RECREATION C <input type="checkbox"/> FINANCE INSTITUTION L <input type="checkbox"/> GARAGE - ALL TYPES M <input type="checkbox"/> GAS STATION N <input type="checkbox"/> GOLF COURSE O <input type="checkbox"/> GOVERNMENT PROP / POLICE P <input type="checkbox"/> HOTEL - MOTEL R <input type="checkbox"/> LAUNDRY / CLEANERS S <input type="checkbox"/> LIQUOR STORE T <input type="checkbox"/> MOBILE HOME 7 <input type="checkbox"/> MOTOR VEHICLE U <input type="checkbox"/> MOVE - TICKET OFFICE V <input type="checkbox"/> NURSERY (PLANTS) X <input type="checkbox"/> OFFICES (ALL EXCEPT DR'S) W <input type="checkbox"/> OFFICES (DOCTORS, ALL) Y <input type="checkbox"/> PARKS - PLAYGROUNDS 0 <input type="checkbox"/> RESTAURANT 1 <input type="checkbox"/> SCHOOL Q <input type="checkbox"/> SINGLE FAMILY DWELLING 3 <input type="checkbox"/> STORAGE SHEDS / ROOMS 2 <input type="checkbox"/> STORES (ALL TYPES) 4 <input type="checkbox"/> TANNERY / SPA 6 <input type="checkbox"/> TOWNHOUSE 8 <input type="checkbox"/> VAN CAMPERS / TRAILER 9 <input type="checkbox"/> WAREHOUSE Z <input type="checkbox"/> LAND / COMMERCIAL YARD</p>	<p>5 POINT OF ENTRY (TWO CHOICES AVAILABLE)</p> <p>1 <input type="checkbox"/> DOOR - ARCADIA 2 <input type="checkbox"/> DOOR - ATTIC 3 <input type="checkbox"/> DOOR - DOGGIE 4 <input type="checkbox"/> DOOR - FRONT 5 <input type="checkbox"/> DOOR - GARAGE 6 <input type="checkbox"/> DOOR - PATIO 7 <input type="checkbox"/> DOOR - REAR 8 <input type="checkbox"/> DOOR - SIDE 9 <input type="checkbox"/> DOOR - STORAGE ROOM 0 <input type="checkbox"/> ROOF OR SKYLIGHT A <input type="checkbox"/> UNKNOWN B <input type="checkbox"/> VENTILATION SYSTEM G <input type="checkbox"/> WALL - FRONT H <input type="checkbox"/> WALL - REAR I <input type="checkbox"/> WALL - SIDE C <input type="checkbox"/> WINDOW - FRONT D <input type="checkbox"/> WINDOW - REAR E <input type="checkbox"/> WINDOW - SIDE F <input type="checkbox"/> WINDOW - STORAGE ROOM</p>	<p>8 METHOD OF ATTACK: PROPERTY (UP TO 5 CHOICES AVAILABLE)</p> <p>1 <input type="checkbox"/> CUTHOLE IN WALL / ROOF 2 <input type="checkbox"/> DISCONNECTED ALARM 7 <input type="checkbox"/> DOOR-LOCKED IN 3 <input type="checkbox"/> DOOR-LOCKED TWISTED V <input type="checkbox"/> DOOR LIFTED FROM TRACKS U <input type="checkbox"/> DOOR LOCK CUT G <input type="checkbox"/> NO PROPERTY J <input type="checkbox"/> HINGED REAR FROM W/H / DOOR Q <input type="checkbox"/> HINGED REAR ALARM F <input type="checkbox"/> LEFT TOOLS AT SCENE N <input type="checkbox"/> OBSERVE / PROPANE / WINDING P <input type="checkbox"/> HANDCUFFED PREMISES H <input type="checkbox"/> SCREEN CUT E <input type="checkbox"/> SYSTEMATIC - ORGANIZED L <input type="checkbox"/> TECHNICAL SKILLS M <input type="checkbox"/> TRUCK / TRAILER USED O <input type="checkbox"/> UNDER CONSTRUCTION A <input type="checkbox"/> UNKNOWN W <input type="checkbox"/> UNLOCKED DOOR / WINDOW C <input type="checkbox"/> USED GLOVES G <input type="checkbox"/> VANDALIZED B <input type="checkbox"/> WINDOW BROKEN R <input type="checkbox"/> WINDOW / DOOR FRIED Y <input type="checkbox"/> FORCED ENTRY</p>	<p>10 WEAPON TYPE (UP TO 2 CHOICES AVAILABLE)</p> <p>D <input type="checkbox"/> AUTOMATIC S <input type="checkbox"/> BLUE STEEL J <input type="checkbox"/> BRICK - ROCK N <input type="checkbox"/> CHEMICAL AGENT T <input type="checkbox"/> CHROME - NICKEL PLATE K <input type="checkbox"/> CLUB - STICK V <input type="checkbox"/> CROW BAR / TIRE IRON R <input type="checkbox"/> DERRINGER F <input type="checkbox"/> EXPLOSIVES B <input type="checkbox"/> HANDS / FEET F <input type="checkbox"/> HANDGUN O <input type="checkbox"/> KNIFE - ICE PICK I <input type="checkbox"/> MACHINE GUN E <input type="checkbox"/> PELLET / B-B GUN M <input type="checkbox"/> RAZOR Q <input type="checkbox"/> REVOLVER Q <input type="checkbox"/> RIFLE W <input type="checkbox"/> ROPE - BELT H <input type="checkbox"/> SHOTGUN K <input type="checkbox"/> SIMULATED WEAPON U <input type="checkbox"/> STAINLESS STEEL L <input type="checkbox"/> SWORD - DAGGER A <input type="checkbox"/> UNKNOWN</p>
<p>3 PLACE OF ATTACK (CHOOSE ONE THAT APPLIES)</p> <p>B <input checked="" type="checkbox"/> BUSINESS G <input type="checkbox"/> GOVERNMENT BUILDING I <input type="checkbox"/> INDUSTRIAL / MFG L <input type="checkbox"/> LOT / PARK YARD O <input type="checkbox"/> OPEN SPACE Q <input type="checkbox"/> OTHER STRUCTURE R <input type="checkbox"/> RECREATIONAL K <input type="checkbox"/> RESIDENCE / HOME S <input type="checkbox"/> SCHOOL X <input type="checkbox"/> STREET / ALLEY U <input type="checkbox"/> UNKNOWN V <input type="checkbox"/> VEHICLE</p>	<p>6 METHOD OF ENTRY (INSTRUMENT USED) (TWO CHOICES AVAILABLE)</p> <p>A <input type="checkbox"/> AUTOMOBILE B <input type="checkbox"/> AXES C <input type="checkbox"/> BOLT CUTTER D <input type="checkbox"/> BY HAND E <input type="checkbox"/> CHANNEL LOCKS Y <input type="checkbox"/> COAT HANGER W <input type="checkbox"/> CRED / HAND PLAY CRD 1 <input type="checkbox"/> EXPLOSIVE V <input type="checkbox"/> FIRE EXTINGUISHER F <input type="checkbox"/> FOOT IMPACT G <input type="checkbox"/> GARDENING TOOLS H <input type="checkbox"/> GLASS CUTTER I <input type="checkbox"/> HAMMER J <input type="checkbox"/> IRON / CROW BAR K <input type="checkbox"/> KEY L <input type="checkbox"/> KNIFE S <input type="checkbox"/> NO SIGN OF FORCED ENTRY M <input type="checkbox"/> PICK N <input type="checkbox"/> PIPE WRENCH Q <input type="checkbox"/> ROCKY BRICK / CONCRETE P <input type="checkbox"/> SAW D <input type="checkbox"/> SCREWDRIVER Z <input type="checkbox"/> TAPE / WIRE 5 <input type="checkbox"/> TIRE IRON R <input type="checkbox"/> TOOTH 8 <input type="checkbox"/> UNKNOWN Y <input type="checkbox"/> VICE GRIPS U <input type="checkbox"/> WIRE CUTTER X <input type="checkbox"/> WOOD BOARD OR STUD</p>	<p>11 USE OF WEAPON (CHOOSE 1)</p> <p>D <input type="checkbox"/> CUTS / STABS C <input type="checkbox"/> HITS / STRIKES E <input type="checkbox"/> SHOOTS B <input type="checkbox"/> THREATENS USE A <input type="checkbox"/> UNKNOWN</p>	
			<p>12 METHOD OF DEPARTURE (CHOOSE 1)</p> <p>0 <input type="checkbox"/> IN A MOTOR VEHICLE 2 <input type="checkbox"/> ON A BICYCLE Q <input type="checkbox"/> ON A MOTORCYCLE R <input checked="" type="checkbox"/> ON FOOT A <input type="checkbox"/> UNKNOWN</p> <p>13 SUSPECT'S EMOTIONAL STATE (CHOOSE 1)</p> <p>B <input type="checkbox"/> ANGRY G <input type="checkbox"/> APOLOGETIC D <input type="checkbox"/> CALM I <input type="checkbox"/> DEGRADED / NEWLY WOUNDED E <input type="checkbox"/> DISORGANIZED K <input type="checkbox"/> INTOXICATED / HIGH R <input type="checkbox"/> IRRATIONAL S <input type="checkbox"/> NERVOUS U <input type="checkbox"/> POLITE A <input type="checkbox"/> UNKNOWN J <input type="checkbox"/> VIOLENT</p> <p>14 NUMBERS OF COMPANIONS</p> <p>15 EVIDENCE COLLECTED? Y <input type="checkbox"/> YES N <input checked="" type="checkbox"/> NO</p> <p>(PD 137 (REV))</p>

SUSPECT INFORMATION

IR# 01-061967

OFFICER NAME/SER. # S.M. BAIR #11511

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M M D D Y Y D O B		S E X M MALE F FEMALE U UNKNOWN	RACE OR ETHNIC: B BLACK D INDN/ALSKN P PISLND/ASN		H HISPANIC W WHITE O OTHER U UNKNOWN		HGT FT IN 6 01		WGT	
H	<input type="checkbox"/> AUB ABURN	<input type="checkbox"/> BLN BLONDE	<input type="checkbox"/> FRS FROSTED	<input type="checkbox"/> SPR SALT PEPPER	E	<input type="checkbox"/> ALB ALBINO	<input type="checkbox"/> GRN GREEN	<input type="checkbox"/> TCO TWO COLORS		
A	<input type="checkbox"/> XXX BALD	<input type="checkbox"/> BRO BROWN	<input type="checkbox"/> GRY GREY	<input type="checkbox"/> WHT WHITE	Y	<input type="checkbox"/> BLK BLACK	<input type="checkbox"/> GRY GREY	<input type="checkbox"/> UNK UNKNOWN		
I	<input type="checkbox"/> BLK BLACK	<input type="checkbox"/> DBL DIRTY BLND	<input type="checkbox"/> LTB LT BROWN	<input type="checkbox"/> OTH OTHER	E	<input type="checkbox"/> BLU BLUE	<input type="checkbox"/> HZL HAZEL			
R	<input type="checkbox"/> BBL BLCH BLNDE	<input type="checkbox"/> DBR DK BROWN	<input type="checkbox"/> RED RED	<input type="checkbox"/> UNK UNKNOWN	S	<input type="checkbox"/> BRO BROWN	<input type="checkbox"/> OTH OTHER			

SCARS, MARKS, TATTOOS, DEFORMITIES

HOME ADDRESS

HAND USE: A <input type="checkbox"/> Unknown B <input type="checkbox"/> Right Handed C <input type="checkbox"/> Left Handed			SPEECH: A <input type="checkbox"/> Unknown B <input type="checkbox"/> Accent C <input type="checkbox"/> Lisp D <input type="checkbox"/> Mumbles E <input type="checkbox"/> Offensive F <input type="checkbox"/> Rapid G <input type="checkbox"/> Slow H <input type="checkbox"/> Stutters I <input type="checkbox"/> Stuttered J <input type="checkbox"/> Talkative K <input type="checkbox"/> Impediment M <input type="checkbox"/> Good		
TEETH: A <input type="checkbox"/> Unknown B <input type="checkbox"/> Broken C <input type="checkbox"/> Crooked D <input type="checkbox"/> Irregular E <input type="checkbox"/> Protruding F <input type="checkbox"/> Missing G <input type="checkbox"/> None H <input type="checkbox"/> Gapped I <input type="checkbox"/> False Dentures J <input type="checkbox"/> Gold K <input type="checkbox"/> Silver Capped L <input type="checkbox"/> Chipped M <input type="checkbox"/> Stain Decay O <input type="checkbox"/> Good			PHYSICAL CONDIT.: A <input type="checkbox"/> Unknown B <input type="checkbox"/> Intoxicated C <input type="checkbox"/> High on Drugs D <input type="checkbox"/> Tired E <input type="checkbox"/> Injured F <input type="checkbox"/> Good I <input type="checkbox"/> Ill J <input type="checkbox"/> Injured		
BUILD: A <input type="checkbox"/> Unknown B <input type="checkbox"/> Small / Thin C <input type="checkbox"/> Medium D <input type="checkbox"/> Fat Heavy E <input type="checkbox"/> Muscular Stry			FACIAL HAIR: A <input type="checkbox"/> Unknown B <input type="checkbox"/> No Beard C <input type="checkbox"/> Clean Shaven D <input type="checkbox"/> Lower Lip E <input type="checkbox"/> Unshaven F <input type="checkbox"/> Sideburns G <input type="checkbox"/> Mustache H <input type="checkbox"/> Fumanchu I <input type="checkbox"/> Goatee J <input type="checkbox"/> Thin Beard K <input type="checkbox"/> Sparse L <input type="checkbox"/> Full Beard		
HAT: 0 <input type="checkbox"/> Derby 1 <input type="checkbox"/> Broad Rim 2 <input type="checkbox"/> Cowboy/Western 3 <input type="checkbox"/> Baseball 4 <input type="checkbox"/> Watch Cap 5 <input type="checkbox"/> Ski Cap 6 <input type="checkbox"/> Helmet 7 <input type="checkbox"/> Turbin 8 <input type="checkbox"/> Straw Hat 9 <input type="checkbox"/> Sun Visor A <input type="checkbox"/> Trainman B <input type="checkbox"/> Desert			MASK: 1 <input type="checkbox"/> Ski Mask 2 <input type="checkbox"/> Stocking 3 <input type="checkbox"/> Halloween 4 <input type="checkbox"/> Bandana 5 <input type="checkbox"/> Clothing 6 <input type="checkbox"/> Towel		
GLASSES: A <input type="checkbox"/> Unknown B <input type="checkbox"/> Plastic C <input type="checkbox"/> Wire Frame D <input type="checkbox"/> Horn Rim E <input type="checkbox"/> Rimless F <input type="checkbox"/> Tinted Lens G <input type="checkbox"/> Sunglasses H <input type="checkbox"/> Bifocal			APPEARANCE: A <input type="checkbox"/> Unknown B <input type="checkbox"/> Well Groomed C <input type="checkbox"/> Messy D <input type="checkbox"/> Flashy E <input type="checkbox"/> Conservative F <input type="checkbox"/> Dirty G <input type="checkbox"/> Military H <input type="checkbox"/> Work Clothes I <input type="checkbox"/> Unusual Odor J <input type="checkbox"/> Disguised L <input type="checkbox"/> Casual		
SECURITY INFO: 01 <input type="checkbox"/> Outside Alarm 02 <input type="checkbox"/> Alarm Silent 03 <input type="checkbox"/> Audio Monitor 04 <input type="checkbox"/> Bars 05 <input type="checkbox"/> Employee 06 <input type="checkbox"/> Fence 07 <input type="checkbox"/> Floodlights 08 <input type="checkbox"/> Night Watch 09 <input type="checkbox"/> Operat I.D. 10 <input type="checkbox"/> Photo Equip 11 <input type="checkbox"/> Secur Officer 12 <input type="checkbox"/> TV Camera 13 <input type="checkbox"/> Watchdog 14 <input type="checkbox"/> Security Chain 15 <input type="checkbox"/> Dead Bolt 16 <input type="checkbox"/> Padlock 17 <input type="checkbox"/> Door Knob Lock 18 <input type="checkbox"/> Slide Bolt 19 <input type="checkbox"/> Dead Latch 20 <input type="checkbox"/> Dead Latch			CLOTHING: (CHOICES) 01 <input type="checkbox"/> Unknown 02 <input type="checkbox"/> Shirt/Blouse 03 <input type="checkbox"/> Pants 04 <input type="checkbox"/> Skirt 05 <input type="checkbox"/> Dress 06 <input type="checkbox"/> Jogging Suit 07 <input type="checkbox"/> Shorts 08 <input type="checkbox"/> Sweater 09 <input type="checkbox"/> Jacket/Coat 10 <input type="checkbox"/> Cap/Hat 11 <input type="checkbox"/> Suit 12 <input type="checkbox"/> Shoes/Boots 13 <input type="checkbox"/> Tennis Shoes 14 <input type="checkbox"/> Socks 15 <input type="checkbox"/> Bandana Scarf 16 <input type="checkbox"/> Headband 17 <input type="checkbox"/> Gloves 18 <input type="checkbox"/> Bathing Suit 19 <input type="checkbox"/> Uniform 20 <input type="checkbox"/> Blue Jeans 21 <input type="checkbox"/> Ski Mask 22 <input type="checkbox"/> T-Shirt 23 <input type="checkbox"/> None 24 <input type="checkbox"/>		

VEHICLE STATE	VEHICLE YEAR	MAKE	MODEL
VEHICLE STYLE: (Select one)			
AN <input type="checkbox"/> AMBULANCE	LM <input type="checkbox"/> LIMOUSINE	SIL <input type="checkbox"/> ALUMINUM	OPR <input type="checkbox"/> COPPER
CV <input type="checkbox"/> CONVERTIBLE	PK <input type="checkbox"/> PICKUP	RGE <input type="checkbox"/> BEIGE	CRM <input type="checkbox"/> CREAM
CP <input type="checkbox"/> COUPE	PM <input type="checkbox"/> PICKUP WITH CAMPER	BLK <input type="checkbox"/> BLACK	PLD <input type="checkbox"/> PURPLE
DP <input type="checkbox"/> DUMPTRUCK	RF <input type="checkbox"/> REFRIGERATED	BLU <input type="checkbox"/> BLUE	RED <input type="checkbox"/> RED
FB <input type="checkbox"/> FLATBED	RO <input type="checkbox"/> ROADSTER	DBL <input type="checkbox"/> BLUE DARK	SIL <input type="checkbox"/> SILVER
2T <input type="checkbox"/> HARDTOP 2 DOOR	20 <input type="checkbox"/> SEDAN 2 DOOR	LGL <input type="checkbox"/> BLUE LIGHT	COM <input type="checkbox"/> STAINLESS STEEL
4T <input type="checkbox"/> HARDTOP 4 DOOR	4D <input type="checkbox"/> SEDAN 4 DOOR	BRZ <input type="checkbox"/> BRONZE	TAN <input type="checkbox"/> TAN
HB <input type="checkbox"/> HATCHBACK FASTBACK	SW <input type="checkbox"/> STATION WAGON	BRO <input type="checkbox"/> BROWN	TRQ <input type="checkbox"/> TURQUOISE
2H <input type="checkbox"/> HATCHBACK 2 DOOR		MAR <input type="checkbox"/> BURGUNDY	WHI <input type="checkbox"/> WHITE
4H <input type="checkbox"/> HATCHBACK 4 DOOR		COM <input type="checkbox"/> CHROME	YEL <input type="checkbox"/> YELLOW
		LAV <input type="checkbox"/> LAVENDER	
		MAR <input type="checkbox"/> MAROON	
		MUL <input type="checkbox"/> MULTICOLORED	
		ONG <input type="checkbox"/> ORANGE	

HOME PHONE

EMPLOYER / WORK PHONE

AKA / NICKNAMES