

# Suspect Characteristics Form

Sex: Male  Female

Race:

Age:

Height:

Weight:

<b>1. BUILD</b>		<b>2. HAIR</b>		<b>3. HAIR COLOR</b>		<b>4. FOREHEAD</b>	
Slender	<input type="checkbox"/>	None	<input type="checkbox"/>	Black	<input type="checkbox"/>	Small	<input type="checkbox"/>
Medium	<input type="checkbox"/>	Long	<input type="checkbox"/>	Brown	<input type="checkbox"/>	Large	<input type="checkbox"/>
Heavy	<input type="checkbox"/>	Short	<input type="checkbox"/>	Lt. Brown	<input type="checkbox"/>	Lines	<input type="checkbox"/>
Fat	<input type="checkbox"/>	Curly	<input type="checkbox"/>	Blonde	<input type="checkbox"/>	Scars	<input type="checkbox"/>
Muscular	<input type="checkbox"/>	Wavy	<input type="checkbox"/>	Red	<input type="checkbox"/>	Other: _____	
		Straight	<input type="checkbox"/>	Grey	<input type="checkbox"/>		
		Dirty	<input type="checkbox"/>	Other: _____			
		Oily	<input type="checkbox"/>				



<b>5. EYEBROWS</b>		<b>6. EYE SHAPE</b>		<b>7. EYE COLOR</b>		<b>8. CHEEKS</b>		<b>9. NOSE</b>	
Thick	<input type="checkbox"/>	Almond	<input type="checkbox"/>	Brown	<input type="checkbox"/>	High Cheekbones	<input type="checkbox"/>	Long	<input type="checkbox"/>
Bushy	<input type="checkbox"/>	Round	<input type="checkbox"/>	Dark Brown	<input type="checkbox"/>	Fat Cheekbones	<input type="checkbox"/>	Hooked	<input type="checkbox"/>
Thin	<input type="checkbox"/>	Small	<input type="checkbox"/>	Hazel	<input type="checkbox"/>	Dimples	<input type="checkbox"/>	Crooked	<input type="checkbox"/>
Arched	<input type="checkbox"/>	Dark Circles	<input type="checkbox"/>	Grey	<input type="checkbox"/>	Fat Cheeks	<input type="checkbox"/>	"Broken"	<input type="checkbox"/>
Plucked	<input type="checkbox"/>	Bags	<input type="checkbox"/>	Green	<input type="checkbox"/>	Pock Marks	<input type="checkbox"/>	Wide	<input type="checkbox"/>
One brow	<input type="checkbox"/>	Wrinkled Corner	<input type="checkbox"/>	Blue	<input type="checkbox"/>	Pimples	<input type="checkbox"/>	Flat	<input type="checkbox"/>
		Heavy Lids	<input type="checkbox"/>	Bright Blue	<input type="checkbox"/>	Freckles	<input type="checkbox"/>	Pugged	<input type="checkbox"/>
						Hollow	<input type="checkbox"/>		



<b>10. LIPS</b>		<b>11. MOUTH</b>		<b>12. TEETH</b>		<b>13. CHIN</b>	
Hare lip	<input type="checkbox"/>	Small	<input type="checkbox"/>	Yellow/Stained	<input type="checkbox"/>	Cleft	<input type="checkbox"/>
Full	<input type="checkbox"/>	Large	<input type="checkbox"/>	Gaps	<input type="checkbox"/>	Dimpled	<input type="checkbox"/>
Thin	<input type="checkbox"/>	Wide	<input type="checkbox"/>	Crooked	<input type="checkbox"/>	"No chin"	<input type="checkbox"/>
No Upper Lip	<input type="checkbox"/>	Bow-shaped	<input type="checkbox"/>	Large	<input type="checkbox"/>	Pointed	<input type="checkbox"/>
				Small	<input type="checkbox"/>	Double	<input type="checkbox"/>
				Braces	<input type="checkbox"/>	Round	<input type="checkbox"/>
				Missing Teeth	<input type="checkbox"/>	Square	<input type="checkbox"/>
						Long	<input type="checkbox"/>

<b>14. FACE SHAPE</b>		<b>15. SKIN</b>		<b>16. FACIAL HAIR</b>		<b>17. NECK</b>	
Oval	<input type="checkbox"/>	Tan	<input type="checkbox"/>	Clean-shaven	<input type="checkbox"/>	Tan line	<input type="checkbox"/>
Square	<input type="checkbox"/>	Pale	<input type="checkbox"/>	Moustache	<input type="checkbox"/>	Long neck	<input type="checkbox"/>
Diamond	<input type="checkbox"/>	Healthy	<input type="checkbox"/>	Sideburns	<input type="checkbox"/>	Short neck	<input type="checkbox"/>
Thin	<input type="checkbox"/>	Freckled	<input type="checkbox"/>	Beard	<input type="checkbox"/>	Adam's Apple	<input type="checkbox"/>
Long	<input type="checkbox"/>	Moles	<input type="checkbox"/>	Goatee	<input type="checkbox"/>	No neck/Thick	<input type="checkbox"/>
Fat	<input type="checkbox"/>	Acne	<input type="checkbox"/>	Stubble	<input type="checkbox"/>	Hairy	<input type="checkbox"/>
Wide	<input type="checkbox"/>	Rough	<input type="checkbox"/>			Dirty	<input type="checkbox"/>

## DESCRIPTION

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



If You See Something - Please Say Something!