



Australian Federal Police Offender Description Form

Please attempt to record as much information on this form as possible. Your information will assist police in the identification of offenders.

Please phone 131 444 for non-urgent police attendance. Police will collect the form when they attend your premises.

To report an emergency to police dial 000.

Offence Details

Location:

(specify where the offence took place, e.g. front counter, back room, etc)

Address:

(specify the actual address or the nearest cross streets)

Day:

Date: ___ / ___ / ___

Time:

am/pm

Details of person making report

Surname:

First Names:

Address:

Occupation:

Employer

Home ph:

Work ph:

Mobile ph:

B uild	Thin	Fat	Solid	Large	Male	Female	Approx. Weight: _____

A ge	15-20	20-25	25-30	30-35	35-40	40-45	Approx. Age: _____

N ame	Was called: _____	Sounded Like: _____

T hatch	Hair colour		Type		Length		Condition	
	Black	Grey	Straight	Dreadlock	Bald	Shaved	Clean	Thinning
	Brown	Sandy	Wavy	Afro	Short	Medium	Scruffy	Thick
	Blond	_____	Curly	_____	Long	_____	Greasy	_____

H eight	_____cm	_____ft _____in	Height Colour Zone				
			Green	Yellow	Blue	Red	White

E yes	Eye colour		Type		Eyebrows		Glasses	
	Black	Green	Wide	Bulging	Bushy	Joined	Clear	Plastic
	Brown	Grey	Narrow	Squint	Thin	Thick	Tinted	Metal
	Blue	_____	Deep set	_____	Shaved	_____	Dark	_____

C omplexion	Race		Skin Colour		Skin Type	
	Caucasian	Indian	Pale	Fair	Clear	Greasy
	Pacific	Negro	Black	Dark	Pimply	Olive
	Oriental	_____	Brown	_____	Acne	_____

R ig/Clothing	Upper body outer garment Description & Colour	Upper body inner garment Description & Colour	Lower body Description & Colour	Headgear Description & Colour	Footwear Description & Colour	Gloves Description & Colour

I dentifying Marks	Scars, marks, tattoos, etc	
	Description: _____ Location: _____	Description: _____ Location: _____

M annerisms	Posture	Movement	Face	Eyes	Speech
	Stooped Straight _____ _____	Jerky Normal Limp	Twitch Normal	Blinking Normal Glancing	Slow Stutter Accent

Further Offender Details

Are there any other noticeable or distinctive features that are not covered on the first page? (e.g. missing limbs/finger, jewellery, etc)

Vehicle Details:

Type	_____
Make	_____
Model	_____
Year (approx)	_____
Colour	_____
Distinguishing features	_____
Accessories	_____
Registration Number	_____
No. of occupants	_____
Direction of escape	_____

Spoken words:

Weapon Used:

Other important information:

PRIVACY STATEMENT: The information that you provide on this form will be used only for the purpose for which you have provided it. It will not be disclosed without your consent unless statutory obligations require otherwise.