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CASE SUBMISSION FORM

**Federal Bureau of Investigation
Critical Incident Response Group
National Center for the Analysis of Violent Crime
Violent Criminal Apprehension Program**

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ViCAP Case Submission Form

National Center for the Analysis of Violent Crime (NCAVC)

The NCAVC is a law enforcement-oriented behavioral and data analysis center which provides behaviorally-based operational support to federal, state, local, tribal, and foreign law enforcement, intelligence and security agencies.

Violent Criminal Apprehension Program (ViCAP)

Established in 1985, ViCAP serves as the national repository for violent crimes. It is a web-based application available to law enforcement agencies nationwide through connectivity of the Law Enforcement Online (LEO) network. ViCAP Web enables law enforcement agencies to enter and analyze their own violent crime information on a local level, and facilitates the identification of similar cases on a regional, state, and national basis.

Submission Criteria

The ViCAP Web National Crime Database is designed to collect information regarding the following types of crimes whether or not the offender has been arrested and/or identified:

- ◆ **Homicides and attempted homicides**, especially those that (a) involve an abduction, (b) are apparently random, motiveless, or sexually oriented, or (c) are known or suspected to be part of a series.
- ◆ **Sexual assaults**, especially those that (a) were committed by a stranger or (b) are known or suspected to be part of a series.
- ◆ **Missing persons**, where the circumstances indicate a strong possibility of foul play and the victim is still missing.
- ◆ **Unidentified human remains**, where the manner of death is known or suspected to be homicide.

If questions arise regarding whether a case meets the listed criteria, please contact FBI ViCAP for guidance.

Electronic Submission

Cases received in hard copy form will be entered into the ViCAP Web National Crime Database by FBI ViCAP personnel. However, law enforcement agencies have the option of entering their cases directly, via Law Enforcement Online (LEO). Access to ViCAP Web also allows agencies to conduct simple and complex searches for cases nationwide. For information on how to gain access to ViCAP Web, contact FBI ViCAP and request the analyst assigned to your state.

Instructions

- ◆ Follow directions associated with each question, such as “check all that apply” and “describe below.”
- ◆ If in doubt about how to respond to a given item, be guided by your experience and good judgment. For additional assistance, contact FBI ViCAP and request the analyst assigned to your state.
- ◆ If your incident has multiple victims or offenders, copy the appropriate sections of this form and provide separate information for each individual.
- ◆ If your case includes details that you believe are important but have not been covered by the ViCAP Case Submission Form, please include them in the narrative section (question 101).
- ◆ If at any point you are unable to fit information into the form due to space restrictions, be sure to add it in the table for supplemental information located at the end of this booklet.
- ◆ If you wish to provide supplemental or revised information for a case previously submitted to FBI ViCAP, please contact the analyst assigned to your state directly, via phone or email. Note that you can also update/modify your own cases via ViCAP Web.
- ◆ If you are interested in obtaining interview, investigative, or media strategies, or a behavioral assessment/profile on this case, please contact the nearest FBI Field Office and ask to speak to the NCAVC Coordinator. This individual will provide information and guidance in this area.

ViCAP Case Submission Form

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Case Administration

Date Form Completed: _____

Case Sharing

1. In addition to your case being viewed by FBI ViCAP, do you authorize your case to be viewed by all other ViCAP Web users?

- Yes
- No

NOTE: If you enter holdback information for question 103, the entire case will automatically be withheld from viewing by any ViCAP Web users outside of your agency, your hub agency (if applicable), and FBI ViCAP.

Case Status

2. Investigating Agency's Case Status (select one):

Open

- Active
- Inactive/Suspended

Closed

- By Arrest
- By Exceptional Circumstances
- Other (describe) _____

Case Status Date: _____

Case Closure Date: _____

Investigating Agency

3. Investigating Agency

Agency Name: _____

Street Address: _____

City: _____ County: _____

State/Province: _____ Zip Code: _____ Country: _____

Phone Number: _____

4. Investigating Agency's ORI Number: _____

Case Numbers

5a. Investigating Agency's Case Number: _____

5b. State Agency's Case Number (if applicable): _____

Investigator

6. Name and Contact Information for Primary Investigator:

Title/Rank: _____

Phone Number: _____

Full Name: _____

Email Address: _____



Person Completing Form

7. Name and Contact Information for Person Completing Form (if different from question 6):

Title/Rank: _____

Full Name: _____

Phone Number: _____

Agency Name: _____

Street Address: _____

City: _____ County: _____

State/Province: _____ Zip Code: _____ Country: _____

Forensic/Physical Evidence

8. Indicate all forensic/physical evidence items pertaining to this case that may be suitable for comparison:

DNA from Offender

- Available
- Analyzed
- Submitted to LDIS
- Submitted to SDIS
- Submitted to NDIS

Offender's Prints

- Available
- Submitted to state repository and processed successfully
- Submitted to IAFIS and processed successfully
- Insufficient quality for processing

DNA from Victim

- Available
- Analyzed
- Submitted to LDIS
- Submitted to SDIS
- Submitted to NDIS

Victim's Prints

- Available
- Submitted to state repository and processed successfully
- Submitted to IAFIS and processed successfully
- Insufficient quality for processing

Latent Prints

- Available
- Submitted to state repository and processed successfully
- Submitted to IAFIS and processed successfully
- Insufficient quality for processing

Projectiles/Casings

- Available
- Analyzed
- Submitted to NIBIN

Other Evidence (e.g., hairs, fibers, tire tracks, etc.)



Similar/Linked Cases (photocopy and attach additional sheets if necessary)

9. Similar/Linked Case

(1) ViCAP Number: _____ Investigator Name: _____
 Agency Name: _____ Phone Number: _____
 State/Province: _____ Victim's Full Name: _____
 Country: _____ Offense Type: _____
 Case Number: _____

Has this case been linked to the instant case through physical evidence, corroborated confession or conviction?

Yes (specify and explain) _____

No

Unknown

(2) ViCAP Number: _____ Investigator Name: _____
 Agency Name: _____ Phone Number: _____
 State/Province: _____ Victim's Full Name: _____
 Country: _____ Offense Type: _____
 Case Number: _____

Has this case been linked to the instant case through physical evidence, corroborated confession or conviction?

Yes (specify and explain) _____

No

Unknown

(3) ViCAP Number: _____ Investigator Name: _____
 Agency Name: _____ Phone Number: _____
 State/Province: _____ Victim's Full Name: _____
 Country: _____ Offense Type: _____
 Case Number: _____

Has this case been linked to the instant case through physical evidence, corroborated confession or conviction?

Yes (specify and explain) _____

No

Unknown

10. FBI ViCAP Use Only



Victim Identity (If your incident has multiple victims, copy the appropriate sections of this form and provide separate information for each victim).

This is victim _____ of _____ victim(s) in this incident.
total

Victim Name

11a. Victim's primary name:

First	Middle	Last	Suffix
-------	--------	------	--------

Note: For unidentified human remains cases, enter Jane, John, or Unknown Doe to the required name fields. For sexual assault and attempted homicide cases, the victim's name will be masked to any ViCAP Web users outside of your agency, your hub agency (if applicable), and FBI ViCAP.

11b. Other Names Used (e.g., alias, nickname, maiden name):

First	Middle	Last	Suffix

Case Type

12a. Case Type (select one):

- Homicide - Victim Identified
- Attempted Homicide
- Sexual Assault
- Missing Person
- Unidentified Human Remains

12b. NCIC Number: _____

Crime Types/Motives

13. Based on your experience and the results of this investigation to date, indicate the probable crime types and/or motives (check all that apply).

- | | | |
|---|--|--|
| <input type="checkbox"/> Argument/Conflict | <input type="checkbox"/> Domestic | <input type="checkbox"/> Police Officer Involved |
| <input type="checkbox"/> Arson | <input type="checkbox"/> Drive-by Shooting | <input type="checkbox"/> Revenge |
| <input type="checkbox"/> Bias/Hate | <input type="checkbox"/> Drug-Related | <input type="checkbox"/> Robbery |
| <input type="checkbox"/> Burglary | <input type="checkbox"/> Financial Gain | <input type="checkbox"/> Sexual Motivation |
| <input type="checkbox"/> Carjacking | <input type="checkbox"/> Gang-Related | <input type="checkbox"/> Thrill/Amusement |
| <input type="checkbox"/> Child Abduction
(17 years or younger) | <input type="checkbox"/> Home Invasion | <input type="checkbox"/> Witness Elimination |
| <input type="checkbox"/> Contract | <input type="checkbox"/> Kidnapping
(18 years or older) | <input type="checkbox"/> Other (specify) _____ |
| <input type="checkbox"/> Crime Concealment | <input type="checkbox"/> Murder-Suicide | <input type="checkbox"/> Unknown |



Victim's Residence

14. Victim's Residence

Street Address: _____ Zip Code: _____
 City: _____ Country: _____
 County: _____ District / Division / Beat: _____
 State/Province: _____ Latitude / Longitude: _____

Identification Numbers

15a. Social Security Number(s): _____
 15b. FBI Number: _____
 15c. State ID Number(s): _____
 15d. City/County ID Number(s): _____
 15e. Driver's License Number(s)/State(s): _____

Victim Physical Attributes

Sex

16. Sex (select one):

Male
 Female
 Unknown
 Other (specify) _____

Race

17. Race/Appearance (check all that apply):

American Indian/Alaskan Native
 Asian
 Black
 Hispanic
 Native Hawaiian or Other Pacific Islander
 White
 Other (describe) _____
 Unknown

Age, Height, Weight

18. Date(s) of Birth: _____
 19a. Age (or best estimate) at time of incident: _____
 19b. Apparent Physical Age (if different from item 19a): _____
 20. Height (or best estimate): _____
 21. Weight (or best estimate): _____



Hair

22a. Hair Color (check all that apply):

- | | | |
|---------------------------------|---------------------------------|---|
| <input type="checkbox"/> Black | <input type="checkbox"/> Green | <input type="checkbox"/> Sandy |
| <input type="checkbox"/> Blonde | <input type="checkbox"/> Orange | <input type="checkbox"/> White |
| <input type="checkbox"/> Blue | <input type="checkbox"/> Pink | <input type="checkbox"/> Other (describe) _____ |
| <input type="checkbox"/> Brown | <input type="checkbox"/> Purple | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Gray | <input type="checkbox"/> Red | |

22b. Hair Length (check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Bald/Shaved | <input type="checkbox"/> Shoulder Length |
| <input type="checkbox"/> Balding/Receding | <input type="checkbox"/> Longer than Shoulder Length |
| <input type="checkbox"/> Shorter than Collar Length | <input type="checkbox"/> Other (describe) _____ |
| <input type="checkbox"/> Collar Length | <input type="checkbox"/> Unknown |

Eye Color

23. Eye Color (check all that apply):

- | | |
|--------------------------------|---|
| <input type="checkbox"/> Black | <input type="checkbox"/> Green |
| <input type="checkbox"/> Blue | <input type="checkbox"/> Hazel |
| <input type="checkbox"/> Brown | <input type="checkbox"/> Other (describe) _____ |
| <input type="checkbox"/> Gray | <input type="checkbox"/> Unknown |

Facial Hair

24. Facial Hair (check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> None | <input type="checkbox"/> Beard |
| <input type="checkbox"/> Unshaven/Stubble | <input type="checkbox"/> Other (describe) _____ |
| <input type="checkbox"/> Mustache | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Goatee | |

Teeth

25. Characteristics of Teeth (check all that apply, indicate tooth number and additional information, if known):

- | | |
|--|--|
| <input type="checkbox"/> Dental Records/X-Rays Available | <input type="checkbox"/> Gaps _____ |
| <input type="checkbox"/> No Dental Work | <input type="checkbox"/> Gold/Silver _____ |
| <input type="checkbox"/> Braces _____ | <input type="checkbox"/> Missing (some or all) _____ |
| <input type="checkbox"/> Bridge _____ | <input type="checkbox"/> Overbite/Protrusion _____ |
| <input type="checkbox"/> Broken/Chipped _____ | <input type="checkbox"/> Restorations/Fillings _____ |
| <input type="checkbox"/> Buck Teeth _____ | <input type="checkbox"/> Stained _____ |
| <input type="checkbox"/> Crooked _____ | <input type="checkbox"/> Underbite _____ |
| <input type="checkbox"/> Decayed _____ | <input type="checkbox"/> Other (describe) _____ |
| <input type="checkbox"/> Dentures/Partial Plate _____ | <input type="checkbox"/> Unknown |



Scars/Marks/Tattoos/Piercings

26. Does the victim have any noticeable scars, marks (e.g., pockmarks), tattoos, or body piercings?

- Yes (describe in the table below)
- No
- Unknown

Body Part	Location/Side	Type	Description
	<input type="checkbox"/> Left <input type="checkbox"/> Center <input type="checkbox"/> Right	<input type="checkbox"/> Scar/Mark <input type="checkbox"/> Tattoo <input type="checkbox"/> Piercing	
	<input type="checkbox"/> Left <input type="checkbox"/> Center <input type="checkbox"/> Right	<input type="checkbox"/> Scar/Mark <input type="checkbox"/> Tattoo <input type="checkbox"/> Piercing	
	<input type="checkbox"/> Left <input type="checkbox"/> Center <input type="checkbox"/> Right	<input type="checkbox"/> Scar/Mark <input type="checkbox"/> Tattoo <input type="checkbox"/> Piercing	

Outstanding Feature(s)

27. Does the victim have any outstanding features not reported above (e.g., physical deformity, speech impediment, accent, odor)?

- Yes (describe) _____
- No
- Unknown

Clothing, Jewelry, and Possessions

28. Description of clothing, jewelry, glasses, and other items worn by or in possession of victim (include size, color and brand of clothing for missing and unidentified human remains cases):



Victimology

Occupation(s)

29. Victim's legal/illegal occupation(s) at time of incident (check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Agriculture (farmer, rancher...) | <input type="checkbox"/> Homemaker |
| <input type="checkbox"/> Animal Care (pet groomer, veterinarian...) | <input type="checkbox"/> Hotel/Motel |
| <input type="checkbox"/> Athletics (athlete, coach...) | <input type="checkbox"/> Insurance |
| <input type="checkbox"/> Automotive (sales, mechanic...) | <input type="checkbox"/> Jeweler/Coin Dealer |
| <input type="checkbox"/> Aviation (pilot, flight attendant...) | <input type="checkbox"/> Landlord/Property Manager |
| <input type="checkbox"/> Banking/Finance (accountant, bank teller...) | <input type="checkbox"/> Landscaper (groundskeeper, gardener...) |
| <input type="checkbox"/> Bar/Nightclub (bartender, bouncer...) | <input type="checkbox"/> Law Enforcement |
| <input type="checkbox"/> Business Administration (executive...) | <input type="checkbox"/> Legal Profession (lawyer, judge...) |
| <input type="checkbox"/> Child Care | <input type="checkbox"/> Liquor Sales |
| <input type="checkbox"/> Clergy (priest, minister, nun...) | <input type="checkbox"/> Maintenance - Mechanical (appliance repairman...) |
| <input type="checkbox"/> Computer/Information Technician | <input type="checkbox"/> Manufacturing (assembly plant worker...) |
| <input type="checkbox"/> Construction/Laborer (painter, roofer...) | <input type="checkbox"/> Migrant Worker |
| <input type="checkbox"/> Consultant | <input type="checkbox"/> Military |
| <input type="checkbox"/> Convenience Store | <input type="checkbox"/> News Media (anchor person, journalist...) |
| <input type="checkbox"/> Criminal (hit man, thief...) | <input type="checkbox"/> Office Worker (secretary, receptionist...) |
| <input type="checkbox"/> Custodial Worker (janitor, maid...) | <input type="checkbox"/> Oil Field/Miner |
| <input type="checkbox"/> Driver - Bus | <input type="checkbox"/> Pawn Shop |
| <input type="checkbox"/> Driver - Delivery | <input type="checkbox"/> Pimp |
| <input type="checkbox"/> Driver - Taxi | <input type="checkbox"/> Prostitution |
| <input type="checkbox"/> Driver - Truck | <input type="checkbox"/> Protective Services (security, body guard...) |
| <input type="checkbox"/> Driver - Other | <input type="checkbox"/> Public Utility (electric/water/cable/telephone) |
| <input type="checkbox"/> Drug Sales (illegal) | <input type="checkbox"/> Radio/TV (on-air personality, producer...) |
| <input type="checkbox"/> Educator (teacher, administrator...) | <input type="checkbox"/> Railroad Worker |
| <input type="checkbox"/> Electronics (maintenance, repair...) | <input type="checkbox"/> Real Estate |
| <input type="checkbox"/> Entertainment (actor, musician...) | <input type="checkbox"/> Restaurant/Food Service |
| <input type="checkbox"/> Escort Service | <input type="checkbox"/> Retired |
| <input type="checkbox"/> Exotic Dancer/Stripper | <input type="checkbox"/> Sales - Retail (merchandise sales, cashier...) |
| <input type="checkbox"/> Fair/Carnival | <input type="checkbox"/> Sales - Traveling |
| <input type="checkbox"/> Fast Food | <input type="checkbox"/> Sales - Other |
| <input type="checkbox"/> Fisherman | <input type="checkbox"/> Salon/Spa Worker (hairstylist, masseuse...) |
| <input type="checkbox"/> Gambling (legal or illegal) | <input type="checkbox"/> Self-employed |
| <input type="checkbox"/> Gas Station | <input type="checkbox"/> Service Industry (florist, dry cleaner, travel agent...) |
| <input type="checkbox"/> Government Employee (non-military) | <input type="checkbox"/> Social Science (social worker, counselor...) |
| <input type="checkbox"/> Grocery Store | <input type="checkbox"/> Student |
| <input type="checkbox"/> Gun Dealer | <input type="checkbox"/> Unemployed |
| <input type="checkbox"/> Health Services (pharmacist, nurse, doctor...) | <input type="checkbox"/> Other (describe) _____ |
| | <input type="checkbox"/> Unknown |



Lifestyle Characteristics

30. Victim's general lifestyle characteristics (check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Alcohol Abuser | <input type="checkbox"/> Mentally Disabled (describe) _____ |
| <input type="checkbox"/> Bisexual | <input type="checkbox"/> Mentally Ill (describe) _____ |
| <input type="checkbox"/> Child (17 years or younger) | <input type="checkbox"/> Physically Disabled (describe) _____ |
| <input type="checkbox"/> Child Molester/Pedophile | <input type="checkbox"/> Pimp |
| <input type="checkbox"/> Criminal Activity (describe) _____ | <input type="checkbox"/> Promiscuous |
| <input type="checkbox"/> Drug User/Seller | <input type="checkbox"/> Prostitute |
| <input type="checkbox"/> Elderly | <input type="checkbox"/> Recluse/Loner |
| <input type="checkbox"/> Frequent Internet User | <input type="checkbox"/> Registered Sex Offender |
| <input type="checkbox"/> Gambler | <input type="checkbox"/> Retired |
| <input type="checkbox"/> Gang Member | <input type="checkbox"/> Runaway |
| <input type="checkbox"/> Habitual Offender | <input type="checkbox"/> Student |
| <input type="checkbox"/> Heterosexual | <input type="checkbox"/> Transient/Drifter |
| <input type="checkbox"/> Hitchhiker | <input type="checkbox"/> Transvestite |
| <input type="checkbox"/> Homeless/Street Person | <input type="checkbox"/> Other (describe) _____ |
| <input type="checkbox"/> Homosexual | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Illegal Alien | |

Group Affiliation

31. Was the victim a member of, or associated with, any gang, group, or organization?

- Yes (describe) _____
- No
- Unknown

Marital Status

32. Victim's Marital Status (select one):

- | | |
|------------------------------------|--|
| <input type="checkbox"/> Divorced | <input type="checkbox"/> Widowed |
| <input type="checkbox"/> Married | <input type="checkbox"/> Other (specify) _____ |
| <input type="checkbox"/> Separated | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Single | |

Living Arrangements

33. Victim was living with (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Alone | <input type="checkbox"/> Relative(s) |
| <input type="checkbox"/> Child(ren) | <input type="checkbox"/> Roommate(s) |
| <input type="checkbox"/> Friend(s) | <input type="checkbox"/> Spouse/Common-Law |
| <input type="checkbox"/> Girlfriend/Boyfriend | <input type="checkbox"/> Other (specify) _____ |
| <input type="checkbox"/> Parent(s)/Guardian(s) | <input type="checkbox"/> Unknown |



Offender's Residence

37. Offender's Residence

Street Address: _____

City: _____ County: _____

State/Province: _____ Zip Code: _____ Country: _____

District/Division/Beat: _____

Latitude/Longitude: _____

Identification Numbers

38a. Social Security Number(s): _____

38b. FBI Number: _____

38c. State ID Number(s): _____

38d. City/County ID Number(s): _____

38e. Dept. of Corrections Number(s): _____

38f. Driver's License Number(s)/State(s): _____

Offender Physical Attributes

Sex

39. Sex (select one):

- Male
- Female
- Unknown
- Other (specify) _____

Race

40. Race/Appearance (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> American Indian/Alaska Native | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander |
| <input type="checkbox"/> Asian | <input type="checkbox"/> White |
| <input type="checkbox"/> Black | <input type="checkbox"/> Other (describe) _____ |
| <input type="checkbox"/> Hispanic | <input type="checkbox"/> Unknown |

Age, Height, Weight

41. Date(s) of Birth: _____

42a. Age (or best estimate) at time of incident: _____

42b. Apparent Physical Age (if different from item 42a): _____

43. Height (or best estimate): _____

44. Weight (or best estimate): _____



Hair

45a. Hair Color (check all that apply):

- | | |
|---------------------------------|---|
| <input type="checkbox"/> Black | <input type="checkbox"/> Pink |
| <input type="checkbox"/> Blonde | <input type="checkbox"/> Purple |
| <input type="checkbox"/> Blue | <input type="checkbox"/> Red |
| <input type="checkbox"/> Brown | <input type="checkbox"/> Sandy |
| <input type="checkbox"/> Gray | <input type="checkbox"/> White |
| <input type="checkbox"/> Green | <input type="checkbox"/> Other (describe) _____ |
| <input type="checkbox"/> Orange | <input type="checkbox"/> Unknown |

45b. Hair Length (check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Bald/Shaved | <input type="checkbox"/> Shoulder Length |
| <input type="checkbox"/> Balding/Receding | <input type="checkbox"/> Longer than Shoulder Length |
| <input type="checkbox"/> Shorter than Collar Length | <input type="checkbox"/> Other (describe) _____ |
| <input type="checkbox"/> Collar Length | <input type="checkbox"/> Unknown |

Eye Color

46. Eye Color (check all that apply):

- | | |
|--------------------------------|---|
| <input type="checkbox"/> Black | <input type="checkbox"/> Green |
| <input type="checkbox"/> Blue | <input type="checkbox"/> Hazel |
| <input type="checkbox"/> Brown | <input type="checkbox"/> Other (describe) _____ |
| <input type="checkbox"/> Gray | <input type="checkbox"/> Unknown |

Facial Hair

47. Facial Hair (check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> None | <input type="checkbox"/> Beard |
| <input type="checkbox"/> Unshaven/Stubble | <input type="checkbox"/> Other (describe) _____ |
| <input type="checkbox"/> Mustache | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Goatee | |

Scars/Marks/Tattoos/Piercings

48. Does the offender have any noticeable scars, marks (e.g., pockmarks), tattoos, or body piercings?

- Yes (describe in the table below)
 No
 Unknown

Body Part	Location/Side	Type	Description
	<input type="checkbox"/> Left <input type="checkbox"/> Center <input type="checkbox"/> Right	<input type="checkbox"/> Scar/Mark <input type="checkbox"/> Tattoo <input type="checkbox"/> Piercing	
	<input type="checkbox"/> Left <input type="checkbox"/> Center <input type="checkbox"/> Right	<input type="checkbox"/> Scar/Mark <input type="checkbox"/> Tattoo <input type="checkbox"/> Piercing	
	<input type="checkbox"/> Left <input type="checkbox"/> Center <input type="checkbox"/> Right	<input type="checkbox"/> Scar/Mark <input type="checkbox"/> Tattoo <input type="checkbox"/> Piercing	



Outstanding Feature(s)

49. Does the offender have any outstanding features not reported above (e.g., physical deformity, speech impediment, accent, odor)?

- Yes (describe) _____
- No
- Unknown

Clothing, Jewelry, and Possessions

50. Description of clothing, jewelry, glasses, and other items worn by or in possession of the offender:



Offender Lifestyle

Occupation(s)

51. Offender's legal/illegal occupation(s) (check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Agriculture (farmer, rancher...) | <input type="checkbox"/> Homemaker |
| <input type="checkbox"/> Animal Care (pet groomer, veterinarian...) | <input type="checkbox"/> Hotel/Motel |
| <input type="checkbox"/> Athletics (athlete, coach...) | <input type="checkbox"/> Insurance |
| <input type="checkbox"/> Automotive (sales, mechanic...) | <input type="checkbox"/> Jeweler/Coin Dealer |
| <input type="checkbox"/> Aviation (pilot, flight attendant...) | <input type="checkbox"/> Landlord/Property Manager |
| <input type="checkbox"/> Banking/Finance (accountant, bank teller...) | <input type="checkbox"/> Landscaper (groundskeeper, gardener...) |
| <input type="checkbox"/> Bar/Nightclub (bartender, bouncer...) | <input type="checkbox"/> Law Enforcement |
| <input type="checkbox"/> Business Administration (executive...) | <input type="checkbox"/> Legal Profession (lawyer, judge...) |
| <input type="checkbox"/> Child Care | <input type="checkbox"/> Liquor Sales |
| <input type="checkbox"/> Clergy (priest, minister, nun...) | <input type="checkbox"/> Maintenance - Mechanical (appliance repairman...) |
| <input type="checkbox"/> Computer/Information Technician | <input type="checkbox"/> Manufacturing (assembly plant worker...) |
| <input type="checkbox"/> Construction/Laborer (painter, roofer...) | <input type="checkbox"/> Migrant Worker |
| <input type="checkbox"/> Consultant | <input type="checkbox"/> Military |
| <input type="checkbox"/> Convenience Store | <input type="checkbox"/> News Media (anchor person, journalist...) |
| <input type="checkbox"/> Criminal (hit man, thief...) | <input type="checkbox"/> Office Worker (secretary, receptionist...) |
| <input type="checkbox"/> Custodial Worker (janitor, maid...) | <input type="checkbox"/> Oil Field/Miner |
| <input type="checkbox"/> Driver - Bus | <input type="checkbox"/> Pawn Shop |
| <input type="checkbox"/> Driver - Delivery | <input type="checkbox"/> Pimp |
| <input type="checkbox"/> Driver - Taxi | <input type="checkbox"/> Prostitution |
| <input type="checkbox"/> Driver - Truck | <input type="checkbox"/> Protective Services (security, body guard...) |
| <input type="checkbox"/> Driver - Other | <input type="checkbox"/> Public Utility (electric/water/cable/telephone) |
| <input type="checkbox"/> Drug Sales (illegal) | <input type="checkbox"/> Radio/TV (on-air personality, producer...) |
| <input type="checkbox"/> Educator (teacher, administrator...) | <input type="checkbox"/> Railroad Worker |
| <input type="checkbox"/> Electronics (maintenance, repair...) | <input type="checkbox"/> Real Estate |
| <input type="checkbox"/> Entertainment (actor, musician...) | <input type="checkbox"/> Restaurant/Food Service |
| <input type="checkbox"/> Escort Service | <input type="checkbox"/> Retired |
| <input type="checkbox"/> Exotic Dancer/Stripper | <input type="checkbox"/> Sales - Retail (merchandise sales, cashier...) |
| <input type="checkbox"/> Fair/Carnival | <input type="checkbox"/> Sales - Traveling |
| <input type="checkbox"/> Fast Food | <input type="checkbox"/> Sales - Other |
| <input type="checkbox"/> Fisherman | <input type="checkbox"/> Salon/Spa Worker (hairstylist, masseuse...) |
| <input type="checkbox"/> Gambling (legal or illegal) | <input type="checkbox"/> Self-employed |
| <input type="checkbox"/> Gas Station | <input type="checkbox"/> Service Industry (dry cleaner, travel agent...) |
| <input type="checkbox"/> Government Employee (non-military) | <input type="checkbox"/> Social Science (social worker, counselor...) |
| <input type="checkbox"/> Grocery Store | <input type="checkbox"/> Student |
| <input type="checkbox"/> Gun Dealer | <input type="checkbox"/> Unemployed |
| <input type="checkbox"/> Health Services (pharmacist, nurse, doctor...) | <input type="checkbox"/> Other (describe) _____ |
| | <input type="checkbox"/> Unknown |



Lifestyle Characteristics

52. Offender's general lifestyle characteristics (check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Alcohol Abuser | <input type="checkbox"/> Mentally Disabled (describe) _____ |
| <input type="checkbox"/> Bisexual | <input type="checkbox"/> Mentally Ill (describe) _____ |
| <input type="checkbox"/> Child (17 years or younger) | <input type="checkbox"/> Physically Disabled (describe) _____ |
| <input type="checkbox"/> Child Molester/Pedophile | <input type="checkbox"/> Pimp |
| <input type="checkbox"/> Criminal Activity (describe) _____ | <input type="checkbox"/> Promiscuous |
| <input type="checkbox"/> Drug User/Seller | <input type="checkbox"/> Prostitute |
| <input type="checkbox"/> Elderly | <input type="checkbox"/> Recluse/Loner |
| <input type="checkbox"/> Frequent Internet User | <input type="checkbox"/> Registered Sex Offender |
| <input type="checkbox"/> Gambler | <input type="checkbox"/> Retired |
| <input type="checkbox"/> Gang Member | <input type="checkbox"/> Runaway |
| <input type="checkbox"/> Habitual Offender | <input type="checkbox"/> Student |
| <input type="checkbox"/> Heterosexual | <input type="checkbox"/> Transient/Drifter |
| <input type="checkbox"/> Hitchhiker | <input type="checkbox"/> Transvestite |
| <input type="checkbox"/> Homeless/Street Person | <input type="checkbox"/> Other (describe) _____ |
| <input type="checkbox"/> Homosexual | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Illegal Alien | |

Group Affiliation

53. Was the offender a member of, or associated with, any gang, group, or organization?

- Yes (describe) _____
- No
- Unknown

Offender-Victim Relationships

54. Indicate the offender's relationship to each victim and indicate which victim, if applicable:

- | | |
|---|---|
| <input type="checkbox"/> Acquaintance _____ | <input type="checkbox"/> Gang Member-Fellow _____ |
| <input type="checkbox"/> Boyfriend/Girlfriend _____ | <input type="checkbox"/> Gang Member-Rival _____ |
| <input type="checkbox"/> Business Partner _____ | <input type="checkbox"/> Landlord _____ |
| <input type="checkbox"/> Care Provider/Babysitter _____ | <input type="checkbox"/> Medical Provider _____ |
| <input type="checkbox"/> Child _____ | <input type="checkbox"/> Neighbor _____ |
| <input type="checkbox"/> Classmate _____ | <input type="checkbox"/> Parent/Guardian _____ |
| <input type="checkbox"/> Clergyman _____ | <input type="checkbox"/> Relative _____ |
| <input type="checkbox"/> Co-Worker _____ | <input type="checkbox"/> Roommate _____ |
| <input type="checkbox"/> Customer/Client _____ | <input type="checkbox"/> Spouse _____ |
| <input type="checkbox"/> Date _____ | <input type="checkbox"/> Stranger _____ |
| <input type="checkbox"/> Employee _____ | <input type="checkbox"/> Student _____ |
| <input type="checkbox"/> Employer _____ | <input type="checkbox"/> Teacher/Educator _____ |
| <input type="checkbox"/> Ex-Boyfriend/Ex-Girlfriend _____ | <input type="checkbox"/> Tenant _____ |
| <input type="checkbox"/> Ex-Spouse _____ | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Friend _____ | <input type="checkbox"/> Unknown _____ |



Additional Offenses

55. Has your investigation uncovered or identified any evidence that may indicate the offender was involved in a related offense (e.g., names, addresses, clothing, photographs)?

- Yes (describe) _____
- No
- Unknown

Offender Timeline (photocopy and attach additional sheets if necessary)

56. If the offender is identified, please enter information on his/her known whereabouts into the table below. Use additional pages if necessary. This information is valuable when associating/eliminating this offender in connection with other crimes.

Note: If a timeline has been created for this offender in a separate document, a copy (electronic or printed) should be provided with this form.

Date From	Date To	Complete Address	Reason	Location Description
			<input type="checkbox"/> Employed <input type="checkbox"/> Resided <input type="checkbox"/> Visited <input type="checkbox"/> In Custody <input type="checkbox"/> In Military-Branch: _____	
			<input type="checkbox"/> Employed <input type="checkbox"/> Resided <input type="checkbox"/> Visited <input type="checkbox"/> In Custody <input type="checkbox"/> In Military-Branch: _____	
			<input type="checkbox"/> Employed <input type="checkbox"/> Resided <input type="checkbox"/> Visited <input type="checkbox"/> In Custody <input type="checkbox"/> In Military-Branch: _____	
			<input type="checkbox"/> Employed <input type="checkbox"/> Resided <input type="checkbox"/> Visited <input type="checkbox"/> In Custody <input type="checkbox"/> In Military-Branch: _____	
			<input type="checkbox"/> Employed <input type="checkbox"/> Resided <input type="checkbox"/> Visited <input type="checkbox"/> In Custody <input type="checkbox"/> In Military-Branch: _____	
			<input type="checkbox"/> Employed <input type="checkbox"/> Resided <input type="checkbox"/> Visited <input type="checkbox"/> In Custody <input type="checkbox"/> In Military-Branch: _____	
			<input type="checkbox"/> Employed <input type="checkbox"/> Resided <input type="checkbox"/> Visited <input type="checkbox"/> In Custody <input type="checkbox"/> In Military-Branch: _____	
			<input type="checkbox"/> Employed <input type="checkbox"/> Resided <input type="checkbox"/> Visited <input type="checkbox"/> In Custody <input type="checkbox"/> In Military-Branch: _____	



Offender Sexual History/Preferences

Note: the following three questions **do not necessarily apply to the instant case**; they may apply to the offender's overall sexual history or preferences.

Sex-related Paraphernalia/Devices

57. Did the offender possess sex-related paraphernalia/devices?

- Yes (check all that apply below, and describe)
 No
 Unknown
- Belts/Leathers _____
 - Condoms/Contraceptive Devices _____
 - Handcuffs _____
 - Lubricants/Lotions _____
 - Masks/Costumes/Clothing _____
 - Rape Kit/Crime Kit _____
 - Rubber Dolls/Vagina _____
 - Sexual Bondage Materials _____
 - Sexual Devices (e.g., dildos, vibrators) _____
 - Torture Devices _____
 - Other (specify) _____

Sex-related Collections

58. Is the offender known to possess sex-related collections (e.g., erotica, pornography)? If so, please fill in the table below.

- Yes
 No
 Unknown

Medium	Description	Age	Sex	Type	Source
<input type="checkbox"/> Audio <input type="checkbox"/> Video <input type="checkbox"/> Image <input type="checkbox"/> Other <input type="checkbox"/> Text <input type="checkbox"/> Unknown		<input type="checkbox"/> Adult <input type="checkbox"/> Child <input type="checkbox"/> Unknown	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Both <input type="checkbox"/> Unknown	<input type="checkbox"/> Sexual Non-Violent <input type="checkbox"/> Sexual Violent <input type="checkbox"/> Non-Sexual <input type="checkbox"/> Unknown	<input type="checkbox"/> Commercial <input type="checkbox"/> Homemade <input type="checkbox"/> Unknown
<input type="checkbox"/> Audio <input type="checkbox"/> Video <input type="checkbox"/> Image <input type="checkbox"/> Other <input type="checkbox"/> Text <input type="checkbox"/> Unknown		<input type="checkbox"/> Adult <input type="checkbox"/> Child <input type="checkbox"/> Unknown	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Both <input type="checkbox"/> Unknown	<input type="checkbox"/> Sexual Non-Violent <input type="checkbox"/> Sexual Violent <input type="checkbox"/> Non-Sexual <input type="checkbox"/> Unknown	<input type="checkbox"/> Commercial <input type="checkbox"/> Homemade <input type="checkbox"/> Unknown
<input type="checkbox"/> Audio <input type="checkbox"/> Video <input type="checkbox"/> Image <input type="checkbox"/> Other <input type="checkbox"/> Text <input type="checkbox"/> Unknown		<input type="checkbox"/> Adult <input type="checkbox"/> Child <input type="checkbox"/> Unknown	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Both <input type="checkbox"/> Unknown	<input type="checkbox"/> Sexual Non-Violent <input type="checkbox"/> Sexual Violent <input type="checkbox"/> Non-Sexual <input type="checkbox"/> Unknown	<input type="checkbox"/> Commercial <input type="checkbox"/> Homemade <input type="checkbox"/> Unknown
<input type="checkbox"/> Audio <input type="checkbox"/> Video <input type="checkbox"/> Image <input type="checkbox"/> Other <input type="checkbox"/> Text <input type="checkbox"/> Unknown		<input type="checkbox"/> Adult <input type="checkbox"/> Child <input type="checkbox"/> Unknown	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Both <input type="checkbox"/> Unknown	<input type="checkbox"/> Sexual Non-Violent <input type="checkbox"/> Sexual Violent <input type="checkbox"/> Non-Sexual <input type="checkbox"/> Unknown	<input type="checkbox"/> Commercial <input type="checkbox"/> Homemade <input type="checkbox"/> Unknown



Sexual Practices & Preferences

59. Indicate the offender's known sexual practices and preferences (check all that apply).

- | | |
|---|---|
| <input type="checkbox"/> Bestiality | <input type="checkbox"/> Masochism |
| <input type="checkbox"/> Bisexuality | <input type="checkbox"/> Necrophilia |
| <input type="checkbox"/> Bondage Practitioner | <input type="checkbox"/> Promiscuity |
| <input type="checkbox"/> Child Molester/Pedophile | <input type="checkbox"/> Sadism |
| <input type="checkbox"/> Exhibitionist | <input type="checkbox"/> Transsexualism |
| <input type="checkbox"/> Group Sex Practitioner | <input type="checkbox"/> Transvestitism |
| <input type="checkbox"/> Heterosexuality | <input type="checkbox"/> Voyeurism |
| <input type="checkbox"/> Homosexuality | <input type="checkbox"/> Other (describe) _____ |
| <input type="checkbox"/> Incest | <input type="checkbox"/> Unknown |

Approach to Victim

Offender's Initial Approach

60. What was the offender's initial approach to the victim? (check all that apply)

- Unknown

By Deception or Con

- | | |
|--|---|
| <input type="checkbox"/> Administered Drug (specify) _____ | <input type="checkbox"/> Offered Ride/Transportation |
| <input type="checkbox"/> Asked For/Offered Assistance | <input type="checkbox"/> Placed or Responded to Advertising |
| <input type="checkbox"/> Asked Victim to Model/Pose for Photos | <input type="checkbox"/> Posed as Authority Figure/Police Officer |
| <input type="checkbox"/> Befriended Victim | <input type="checkbox"/> Posed as Business Person/Customer |
| <input type="checkbox"/> Caused/Staged Traffic Accident | <input type="checkbox"/> Solicited for Sex |
| <input type="checkbox"/> Engaged Victim in Conversation | <input type="checkbox"/> Telephone Contact |
| <input type="checkbox"/> Feigned an Injury | <input type="checkbox"/> Third Person Used to Lure Victim |
| <input type="checkbox"/> Alleged Drug Transaction | <input type="checkbox"/> Wanted to Show Something |
| <input type="checkbox"/> Implied Family Emergency or Illness | <input type="checkbox"/> Other Deception/Con (describe)
_____ |
| <input type="checkbox"/> Internet Communication | |
| <input type="checkbox"/> Offered Job, Money, Treats, or Toys | |

By Surprise

- | | |
|---|---|
| <input type="checkbox"/> Awakened Victim | <input type="checkbox"/> Threatened with Weapon |
| <input type="checkbox"/> Forceful Sudden Entry | <input type="checkbox"/> Other Surprise (describe)
_____ |
| <input type="checkbox"/> Lay in Wait - In Building | |
| <input type="checkbox"/> Lay in Wait - In Vehicle | |
| <input type="checkbox"/> Lay in Wait - Out of Doors | |

By Blitz - Direct and Immediate Physical Assault

- | | |
|---|--|
| <input type="checkbox"/> Choked Victim | <input type="checkbox"/> Stabbed/Cut Victim |
| <input type="checkbox"/> Hit Victim w/Hand, Fist, Clubbing Weapon | <input type="checkbox"/> Other Blitz/Assault (describe)
_____ |
| <input type="checkbox"/> Physically Overpowered Victim | |
| <input type="checkbox"/> Shot Victim | |
| <input type="checkbox"/> Other Approach (describe) _____ | |



Victim's Activity

61. The victim was engaged in the following activity at the time he or she was last seen alive or was initially contacted by the offender (check all that apply):

- Babysitting
- Driving/Riding in vehicle
- Going to/from bar/club/restaurant
- Going to/from residence
- Going to/from school
- Going to/from store
- Going to/from work
- Hitchhiking
- Hunting/Camping/Hiking/Fishing
- Involved in a drug transaction
- Making a delivery
- On a date
- On vacation
- Outdoor exercising (jogging, biking, etc.)
- Playing outside
- Prostituting
- Selling home, vehicle, etc.
- Sleeping
- Using Alcohol/Drugs
- Other (describe) _____
- Unknown

Event/Activity in Area

62. Prior to, or at the time of this incident, was there an event in the area (e.g., carnival, convention, construction project)?

- Yes (describe) _____
- No
- Unknown

Victim Targeted

63. Has the victim had an experience that would suggest he/she was a targeted victim?

- Yes (check all that apply below)
- No
- Unknown
- Calls, Notes, or E-Mails
- Feeling that Victim was Watched or Followed
- Prowlers or Peeping Incidents
- Residential or Vehicle Break-Ins
- Theft of Personal Items (clothing, etc.)
- Other (describe) _____



Dates and Locations

Dates, Times, Locations

64. Enter as much information as possible regarding the dates, times, and locations of this incident. You must provide **at least** one Event Site (see next page), date, city **or** county, and state.

	Victim's Last Known	Initial Contact	Murder and/or Assault	Release and/or Recovery
Event Site(s) <i>See next page for selections</i>				
Date (or date range)				
Time (or time range)				
Location Name (e.g., Pat's Pub)				
Street Address				
City				
County				
State/ Province				
Zip Code				
Country				
District/Division/Beat				
Latitude/Longitude				

Is there any indication that the offender was familiar with any of the listed locations?

- Yes (describe) _____
- No
- Unknown



Event Sites

Select from the following list of event sites for each applicable location type, and enter the selected site number(s) into the table on the previous page. Additional descriptions can also be entered into the table. If unknown, indicate "Unknown" in the table, rather than a number from the list.

Living Quarters

- | | |
|---------------------------------|---------------------------------|
| 1. Victim's Residence | 5. Rest/Nursing Home |
| 2. Offender's Residence | 6. Single-Family Dwelling |
| 3. Dormitory | 7. Transient/Temporary Quarters |
| 4. Multi-Family Dwelling (apt.) | 8. Other Living Quarters |

Businesses

- | | |
|--------------------------|---------------------------------------|
| 9. Victim's Workplace | 18. Grocery Store/Market |
| 10. Offender's Workplace | 19. Hair/Nail/Tan Salon |
| 11. Bank/ATM | 20. Liquor Store |
| 12. Bar/Tavern/Nightclub | 21. Motel/Hotel |
| 13. Casino | 22. Pawn Shop |
| 14. Convenience Store | 23. Restaurant |
| 15. Daycare Facility | 24. Shopping Mall/Center/Retail Store |
| 16. Fast Food Restaurant | 25. Video Store |
| 17. Gas Station | 26. Other Business |

Transportation

- | | |
|------------------------------|-----------------------------|
| 27. Victim's Vehicle | 32. Subway/Subway Station |
| 28. Offender's Vehicle | 33. Taxi |
| 29. Aircraft/Airport | 34. Train/Railroad Property |
| 30. Boat/Ship | 35. Truck/Truck Stop |
| 31. Bus/Bus Stop/Bus Station | 36. Other Transportation |

Public Areas/Buildings

- | | |
|-------------------------------|--------------------------------|
| 37. Athletic Field/Arena | 43. Office Building |
| 38. Church | 44. Public Restroom |
| 39. Circus/Fair/Carnival | 45. School/College Campus |
| 40. Government Building | 46. Shed/Outbuilding/Barn |
| 41. Hospital/Medical Facility | 47. Vacant Building |
| 42. Military Installation | 48. Other Public Area/Building |

Outdoor Locations

- | | |
|------------------------|-----------------------------|
| 49. Alley | 62. Parking Lot/Garage |
| 50. Bridge/Overpass | 63. Playground/Park |
| 51. Camping Area | 64. Residential Area |
| 52. Cave/Mine/Quarry | 65. Rest Stop/Area |
| 53. Cemetery | 66. Road-Gravel/Dirt |
| 54. Commercial Area | 67. Road-Highway/Interstate |
| 55. Construction Area | 68. Road-Paved/Public |
| 56. Desert | 69. Sidewalk |
| 57. Driveway/Yard | 70. Trail/Jogging Path |
| 58. Dump/Landfill | 71. Vacant Lot |
| 59. Embankment | 72. Vice Area |
| 60. Field/Orchard/Farm | 73. Wooded Area/Forest |
| 61. Mountains/Hills | 74. Other Outdoor Location |

Water Locations

- | | |
|-------------------------------|------------------------------|
| 75. Beach/Shoreline/Riverbank | 81. Ocean/Bay |
| 76. Canal/Inland Waterway | 82. River |
| 77. Ditch/Culvert | 83. Storm Drain/Sewer System |
| 78. Dock/Boat Ramp | 84. Stream/Creek |
| 79. Lake/Pond | 85. Swimming Pool |
| 80. Marsh/Swamp/Bayou | 86. Other Water Location |



Crime Scene

How Offender Gained Entry

65. If any of the crime scenes were inside a building, indicate how the offender gained entry (check all that apply).

- Forced Entry
- Let In by Victim
- Lived There/Let Self in
- No Sign of Forced Entry
- Public Access
- Through Unsecured Door/Window
- Other (describe) _____
- Unknown

Recorded Events

66. Did the offender record events during the crime (e.g., audio/video/photography)?

- Yes (describe) _____
- No
- Unknown

Writing or Drawing

67. Was there writing or drawing at any of the crime scenes or on the victim's body?

- Yes (describe in table below)
- No
- Unknown

Location at Scene OR Body Location	Writing/Drawing Description	Writing Tool

Deliberate, Unusual, or Symbolic Act

68. Is there any indication that a deliberate, unusual, or symbolic act was performed at any of the crime scenes (e.g., unique objects placed at scene, foreign substance on body)?

- Yes (describe) _____
- No
- Unknown



Crime Scenes Altered

69. Were any of the crime scenes altered by the offender in any way or did the offender take other precautions to avoid identification or apprehension?

- Yes (check all that apply below, and describe) No Unknown
- Administered Drugs to Victim _____
 - Altered Lighting _____
 - Burned Scene/Victim's Body _____
 - Cleaned Scene _____
 - Cleaned Self _____
 - Cleaned Victim _____
 - Covered Victim's Eyes/Face/Head _____
 - Destroyed/Removed Evidence _____
 - Disabled Phone/Security Device(s) _____
 - Disabled Victim's Vehicle _____
 - Forced Victim to Bathe or Douche _____
 - Gave False Name _____
 - Increased or Decreased Temperature Setting _____
 - Moved Victim from Murder/Assault Area to Release/Recovery Area _____
 - Planted Evidence _____
 - Prepared Escape Route Prior to the Assault _____
 - Ransacked Scene _____
 - Staged Scene _____
 - Told Victim Not to Look at Offender _____
 - Told Victim Not to Report Incident to Police _____
 - Used a Condom _____
 - Used a Lookout _____
 - Used a Police Scanner Radio _____
 - Vandalized Scene _____
 - Wore a Disguise/Mask _____
 - Wore Gloves _____
 - Other (specify) _____



End of Contact

70. How did the victim/offender contact end?

- Escape (offender lost control of victim)
- Inadvertent Intervention by Third Party
- Offender Left Scene
- Release (offender intentionally gave up control of victim)
- Rescue/Intervention
- Victim's Death
- Other (describe) _____
- Unknown

Victim Disposal

71. The offender disposed of the victim's body in the following manner (check one):

- Openly Placed to Ensure Discovery
- Concealed, Hidden, or Placed to Prevent Discovery
- With an Apparent Lack of Concern as to Whether or Not the Victim Was Discovered
- Unknown

Victim Positioned

72. Was the victim's body intentionally positioned in an unnatural or unusual way?

- Yes (describe) _____
- No
- Unknown

Victim Recovery

73. Victim Recovery (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> As Skeletal Remains | <input type="checkbox"/> In a Container/Box/Dumpster |
| <input type="checkbox"/> Buried | <input type="checkbox"/> In a Vehicle |
| <input type="checkbox"/> Covered | <input type="checkbox"/> In Water |
| <input type="checkbox"/> Completely (describe) _____ | <input type="checkbox"/> Weighted Down (describe) _____ |
| <input type="checkbox"/> Partially (describe) _____ | <input type="checkbox"/> Not Weighted Down |
| <input type="checkbox"/> Face only (describe) _____ | <input type="checkbox"/> Wrapped (describe) _____ |
| <input type="checkbox"/> In a Bag | <input type="checkbox"/> None of the Above |
| <input type="checkbox"/> In a Bathtub | <input type="checkbox"/> Other (describe) _____ |
| <input type="checkbox"/> In a Building | |

Offender Returned to Site

74. Is there any indication that the offender returned to the victim release/recovery site after the offense?

- Yes (describe) _____
- No
- Unknown



Victim Bound

75. At any time, was the victim bound?

- Yes (describe in table below)
- No
- Unknown

Binding Article	Body Part Bound	Bindings Selection	Bindings Recovery
	<input type="checkbox"/> Hands, Wrists or Arms <input type="checkbox"/> Feet, Ankles, or Legs <input type="checkbox"/> Hands bound to feet <input type="checkbox"/> Arms bound to Torso <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> Brought to Scene <input type="checkbox"/> Found at Scene <input type="checkbox"/> Unknown	<input type="checkbox"/> Left at Scene <input type="checkbox"/> Left on Victim <input type="checkbox"/> Taken from Scene <input type="checkbox"/> Unknown
Binding Article	Body Part Bound	Bindings Selection	Bindings Recovery
	<input type="checkbox"/> Hands, Wrists or Arms <input type="checkbox"/> Feet, Ankles, or Legs <input type="checkbox"/> Hands bound to feet <input type="checkbox"/> Arms bound to Torso <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> Brought to Scene <input type="checkbox"/> Found at Scene <input type="checkbox"/> Unknown	<input type="checkbox"/> Left at Scene <input type="checkbox"/> Left on Victim <input type="checkbox"/> Taken from Scene <input type="checkbox"/> Unknown

Victim Bound to Object

76. At any time, was the victim bound to an object?

- Yes (describe) _____
- No
- Unknown

Gag

77. At any time, was a gag placed in/on the victim's mouth?

- Yes (describe) _____
- No
- Unknown

Blindfold/Hood

78. At any time, was a blindfold/hood placed on/over the victim's eyes?

- Yes (describe) _____
- No
- Unknown



Victim Clothing, Property

Victim Clothing

79. Clothing on Victim (post-assault):

- Fully Dressed
- Partially Dressed
 - Nude from Waist Up or Breasts/Chest Exposed
 - Nude from Waist Down or Genital Area Exposed
 - Nude *with* Sock(s) and/or Shoe(s)
 - Dressed *without* Sock(s) and/or Shoe(s)
 - Other (describe) _____
- Completely Nude
- Unknown

Victim Redressed

80. Was the victim redressed after the assault?

- Yes (describe) _____
- No
- Unknown

Clothing Intentionally Ripped/Cut

81. Was any of the victim's clothing intentionally ripped or cut by the offender?

- Ripped/Torn (describe) _____
- Cut (describe) _____
- No
- Unknown

Items Taken

82. Did the offender take items from the victim and/or any of the crime scenes?

- Yes (check all that apply and describe) No Unknown
- | | |
|---|---|
| <input type="checkbox"/> Backpack/Fannypack/Briefcase _____ | <input type="checkbox"/> Food/Drink _____ |
| <input type="checkbox"/> Camera/Camcorder _____ | <input type="checkbox"/> Jewelry _____ |
| <input type="checkbox"/> Cellphone/Pager/PDA _____ | <input type="checkbox"/> Keys/Keychain _____ |
| <input type="checkbox"/> Checkbook/Checks _____ | <input type="checkbox"/> Money _____ |
| <input type="checkbox"/> Cigarettes/Case/Lighter _____ | <input type="checkbox"/> Personal Papers/Journal/Datebook _____ |
| <input type="checkbox"/> Clothing _____ | <input type="checkbox"/> Photograph _____ |
| <input type="checkbox"/> Computer/Laptop _____ | <input type="checkbox"/> Purse/Wallet _____ |
| <input type="checkbox"/> Credit/Debit/ATM Card _____ | <input type="checkbox"/> Telephone/Answering Machine _____ |
| <input type="checkbox"/> Driver's License/ID _____ | <input type="checkbox"/> Vehicle (see question 100) _____ |
| <input type="checkbox"/> Drugs _____ | <input type="checkbox"/> Weapon _____ |
| <input type="checkbox"/> Electronic Equipment _____ | <input type="checkbox"/> Other (specify) _____ |
| <input type="checkbox"/> Electronic Media (CD, VHS, etc.) _____ | |



Victim Trauma

Types of Trauma

83a. Indicate the types of trauma inflicted on the victim, including attempted injury (check all that apply). Where appropriate, indicate the number of wounds.

- | | |
|--|--|
| <input type="checkbox"/> None | <input type="checkbox"/> Burns (fire) |
| <input type="checkbox"/> Asphyxiation | <input type="checkbox"/> Crushing Injury |
| <input type="checkbox"/> Airway Occlusion (choking) | <input type="checkbox"/> Cutting or Incised Wound(s) - ____ wounds |
| <input type="checkbox"/> Compressive (crushing) | <input type="checkbox"/> Drug Injection/Overdose |
| <input type="checkbox"/> Drowning | <input type="checkbox"/> Explosive Trauma |
| <input type="checkbox"/> Hanging | <input type="checkbox"/> Exposure |
| <input type="checkbox"/> Smoke Inhalation | <input type="checkbox"/> Gunshot Wound(s) - ____ wounds |
| <input type="checkbox"/> Smothering/Suffocation | <input type="checkbox"/> Distant |
| <input type="checkbox"/> Strangulation | <input type="checkbox"/> Intermediate |
| <input type="checkbox"/> Strangulation - Ligature | <input type="checkbox"/> Close |
| <input type="checkbox"/> Strangulation - Manual | <input type="checkbox"/> Contact |
| <input type="checkbox"/> Strangulation - Undetermined | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Blunt Force Injury(s) - ____ wounds | <input type="checkbox"/> Malnutrition/Dehydration |
| <input type="checkbox"/> Minimal | <input type="checkbox"/> Poisoning |
| <input type="checkbox"/> Moderate | <input type="checkbox"/> Stab Wound(s) - ____ wounds |
| <input type="checkbox"/> Excessive | <input type="checkbox"/> Other (specify) _____ - ____ wounds |
| <input type="checkbox"/> Brutal | <input type="checkbox"/> Undetermined |
| <input type="checkbox"/> Unknown | <input type="checkbox"/> Unknown |

Cause of Death

83b. For deceased victims only, indicate the medical examiner's/coroner's officially listed primary cause of death, if known. _____

Major Trauma Locations

84. Trauma Locations (check all that apply):

- | | |
|-------------------------------------|---|
| <input type="checkbox"/> None | <input type="checkbox"/> Genitalia |
| <input type="checkbox"/> Abdomen | <input type="checkbox"/> Groin |
| <input type="checkbox"/> Ankle | <input type="checkbox"/> Hand(s) |
| <input type="checkbox"/> Anus | <input type="checkbox"/> Head |
| <input type="checkbox"/> Arm(s) | <input type="checkbox"/> Leg(s) |
| <input type="checkbox"/> Back | <input type="checkbox"/> Lip(s) |
| <input type="checkbox"/> Breast(s) | <input type="checkbox"/> Neck/Throat |
| <input type="checkbox"/> Buttock(s) | <input type="checkbox"/> Nipple(s) |
| <input type="checkbox"/> Chest | <input type="checkbox"/> Nose |
| <input type="checkbox"/> Ear(s) | <input type="checkbox"/> Shoulder(s) |
| <input type="checkbox"/> Eye(s) | <input type="checkbox"/> Thigh(s) |
| <input type="checkbox"/> Face | <input type="checkbox"/> Tongue |
| <input type="checkbox"/> Finger(s) | <input type="checkbox"/> Other (describe) _____ |
| <input type="checkbox"/> Foot/Feet | <input type="checkbox"/> Unknown |



Human Bite Marks

85. Was the victim bitten by the offender?

- Yes (check all that apply below)
- No
- Unknown
- Undetermined

Note: Choose 'Undetermined' if the victim has bite marks that have not been determined to be (a) human or (b) caused by the offender

- | | | |
|-------------------------------------|------------------------------------|---|
| <input type="checkbox"/> Abdomen | <input type="checkbox"/> Eye(s) | <input type="checkbox"/> Lip(s) |
| <input type="checkbox"/> Ankle | <input type="checkbox"/> Face | <input type="checkbox"/> Neck/Throat |
| <input type="checkbox"/> Anus | <input type="checkbox"/> Finger(s) | <input type="checkbox"/> Nipple(s) |
| <input type="checkbox"/> Arm(s) | <input type="checkbox"/> Foot/Feet | <input type="checkbox"/> Nose |
| <input type="checkbox"/> Back | <input type="checkbox"/> Genitalia | <input type="checkbox"/> Shoulder(s) |
| <input type="checkbox"/> Breast(s) | <input type="checkbox"/> Groin | <input type="checkbox"/> Thigh(s) |
| <input type="checkbox"/> Buttock(s) | <input type="checkbox"/> Hand(s) | <input type="checkbox"/> Tongue |
| <input type="checkbox"/> Chest | <input type="checkbox"/> Head | <input type="checkbox"/> Other (describe) _____ |
| <input type="checkbox"/> Ear(s) | <input type="checkbox"/> Leg(s) | <input type="checkbox"/> Unknown |

Body Parts Removed

86. Were any of the victim's body parts removed by the offender?

- Yes (describe in table below)
- No
- Unknown
- Undetermined

Note: Choose 'Undetermined' if the cause of dismemberment cannot be definitively attributed to the offender (e.g., animal activity, environmental conditions).

Body Part Removed	Recovery Location
	<input type="checkbox"/> Not Recovered <input type="checkbox"/> Recovered at Scene <input type="checkbox"/> Recovered Elsewhere _____ <input type="checkbox"/> Unknown
	<input type="checkbox"/> Not Recovered <input type="checkbox"/> Recovered at Scene <input type="checkbox"/> Recovered Elsewhere _____ <input type="checkbox"/> Unknown
	<input type="checkbox"/> Not Recovered <input type="checkbox"/> Recovered at Scene <input type="checkbox"/> Recovered Elsewhere _____ <input type="checkbox"/> Unknown

Dismemberment Method

87. Dismemberment Method (check all that apply):

- Bitten
- Disarticulated
- Hacked/Chopped
- Ripped/Torn
- Cut/Sawed
- Other (describe) _____
- Unknown



Unusual Assault/Trauma/Torture

88. Was unusual assault/trauma/torture inflicted upon the victim?

- Yes (check all that apply and describe)
- No
- Unknown

- Beat Sexual Areas
 - With Hands/Fists _____
 - With Object _____
- Body Cavities or Genitalia Mutilated _____
- Body Cavities or Wounds Explored/ Probed _____
- Body Set on Fire _____
- Burns (cigarette, iron, branding, etc.) _____
- Cannibalism _____
- Carving on Victim _____
- Douche/Enema Given to Victim _____
- Evisceration _____
- Hair Cut/Shaved
 - Head _____
 - Pubic _____
 - Other (specify) _____
- Hair Pulled _____
- Hanged/Suspended _____
- Kicked/Stomped _____
- Patterned Injury _____
- Pierced Body Parts _____
- Pinched
 - With Device _____
 - With Hands _____
- Postmortem Assault
 - Sexual _____
 - Other (specify) _____
- Pulled Body Parts _____
- Puncture/Torture Wounds _____
- Shocked
 - Electrical _____
 - Stun Gun/Taser _____
- Skinned _____
- Slapped/Spanked (with hands) _____
- Vampirism _____
- Vehicular Assault
 - Dragged By Vehicle _____
 - Pushed/Shoved/Thrown from Vehicle _____
 - Run Over By Vehicle _____
- Victim Defecated/Urinated Upon _____
- Whipped/Paddled (with object) _____
- Other (specify) _____



Sexual Activity

This section pertains to the instant case.

Sexual Activity

89a. Is there an indication of sexual activity or attempted sexual activity with the victim?

- Yes (check all that apply)
- No
- Unknown

Anal Penetration

- (A) Penile
- (B) Digital
- (C) Hand/Fist
- (D) Unknown

Vaginal Penetration

- (E) Penile
- (F) Digital
- (G) Hand/Fist
- (H) Unknown

Masturbation

- (I) Offender Masturbated Victim
- (J) Offender Masturbated Self
- (K) Victim Masturbated Offender
- (L) Victim Masturbated Self

Offender Performed Oral Sex on Victim

- (M) Anus
- (N) Penis
- (O) Vagina

Victim Performed Oral Sex on Offender

- (P) Anus
- (Q) Penis
- (R) Vagina

Other Sexual Acts

- (S) Inserted a Foreign Object
(other than a body part) (*see Item 89c*)
- (T) Ejaculated (*see Item 90*)
- (U) Fondled/Groped/Hugged
- (V) Forced Victim to Swallow Semen
- (W) Kissed
- (X) Licked
- (Y) Rubbed Genitalia Against Victim
- (Z) Simulated Intercourse
- (AA) Sucked Breasts
- (AB) Other (describe) _____

Sequence of Acts

89b. List the chronological sequence of sexual acts (or attempted acts) by writing in corresponding letters of the specific acts listed in item 89a. Repeat use of letters/acts as necessary.

1 st	2 nd	3 rd	4 th	5 th	6 th	7 th	8 th	9 th	10 th
11 th	12 th	13 th	14 th	15 th	16 th	17 th	18 th	19 th	20 th



Foreign Object Insertion

89c. If there was an indication of foreign object insertion, use the table below to identify the body orifice, the foreign object, and whether or not the object was left in the victim's body.

Body Orifice	Foreign Object	Left in Body
<input type="checkbox"/> Anus <input type="checkbox"/> Mouth <input type="checkbox"/> Vagina <input type="checkbox"/> Other _____		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
<input type="checkbox"/> Anus <input type="checkbox"/> Mouth <input type="checkbox"/> Vagina <input type="checkbox"/> Other _____		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

Semen/Ejaculation Location(s)

90. Semen/Ejaculation Location(s) (check all that apply):

- None
- In Victim's Anus
- In Victim's Mouth
- In Victim's Vagina
- On Victim's Body (describe) _____
- On Victim's Clothing (describe) _____
- Elsewhere at Scene (describe) _____
- Other (describe) _____
- Unknown

Offender's Reaction to Resistance

91. Indicate the offender's reaction to the types of resistance used by this victim.

	Victim Resistance	Offender Reaction
Victim # _____ Offender# _____	<input type="checkbox"/> Passive <input type="checkbox"/> Physical <input type="checkbox"/> Verbal <input type="checkbox"/> None <input type="checkbox"/> Unknown	<input type="checkbox"/> Ceased the Demand <input type="checkbox"/> Compromised/Negotiated <input type="checkbox"/> Escalated Force <input type="checkbox"/> Fled <input type="checkbox"/> Ignored <input type="checkbox"/> Used Force <input type="checkbox"/> Used Threat <input type="checkbox"/> Other _____ <input type="checkbox"/> Unknown
Victim # _____ Offender# _____	<input type="checkbox"/> Passive <input type="checkbox"/> Physical <input type="checkbox"/> Verbal <input type="checkbox"/> None <input type="checkbox"/> Unknown	<input type="checkbox"/> Ceased the Demand <input type="checkbox"/> Compromised/Negotiated <input type="checkbox"/> Escalated Force <input type="checkbox"/> Fled <input type="checkbox"/> Ignored <input type="checkbox"/> Used Force <input type="checkbox"/> Used Threat <input type="checkbox"/> Other _____ <input type="checkbox"/> Unknown



Fetishes

94. Did the offender display any obvious fetishes?

- Yes (describe) _____
- No
- Unknown

Special Props

95. Did the offender use special props during the offense (e.g., red negligee, costume)?

- Yes (describe) _____
- No
- Unknown

Disrobing

96. Who disrobed whom? (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Victim Already Nude | <input type="checkbox"/> Offender Disrobed by Victim |
| <input type="checkbox"/> Victim Disrobed by Offender | <input type="checkbox"/> Offender Disrobed Self |
| <input type="checkbox"/> Victim Disrobed Self | <input type="checkbox"/> Offender's Clothing Moved Up/Down/Aside |
| <input type="checkbox"/> Victim's Clothing Moved Up/Down/Aside | <input type="checkbox"/> Offender's Clothing Not Removed |
| <input type="checkbox"/> Victim's Clothing Not Removed | <input type="checkbox"/> Other (describe) _____ |
| <input type="checkbox"/> Offender Already Nude | <input type="checkbox"/> Unknown |

Sexual Dysfunction

97. Did the offender experience a sexual dysfunction?

- Yes (describe in table below)
- No
- Unknown

Offender	Dysfunction	Offender Action
# _____	<input type="checkbox"/> Unable to Obtain Erection <input type="checkbox"/> Unable to Maintain Erection <input type="checkbox"/> Premature Ejaculation <input type="checkbox"/> Retarded Ejaculation <input type="checkbox"/> Other _____	<input type="checkbox"/> Nothing <input type="checkbox"/> Forced Victim to Fondle/Masturbate the Offender <input type="checkbox"/> Forced Victim to Meet a Specific Condition _____ <input type="checkbox"/> Forced Victim to Perform Oral Sex <input type="checkbox"/> Increased Violence Toward Victim <input type="checkbox"/> Masturbated Self <input type="checkbox"/> Other _____ <input type="checkbox"/> Unknown
# _____	<input type="checkbox"/> Unable to Obtain Erection <input type="checkbox"/> Unable to Maintain Erection <input type="checkbox"/> Premature Ejaculation <input type="checkbox"/> Retarded Ejaculation <input type="checkbox"/> Other _____	<input type="checkbox"/> Nothing <input type="checkbox"/> Forced Victim to Fondle/Masturbate the Offender <input type="checkbox"/> Forced Victim to Meet a Specific Condition _____ <input type="checkbox"/> Forced Victim to Perform Oral Sex <input type="checkbox"/> Increased Violence Toward Victim <input type="checkbox"/> Masturbated Self <input type="checkbox"/> Other _____ <input type="checkbox"/> Unknown



Weapon

98. Was a weapon used, displayed, or threatened during the commission of this crime?

Yes No Unknown

WEAPON TYPE (describe below)	WEAPON SELECTION			WEAPON RECOVERY			
	Brought to Scene	Found at Scene	Unknown	Not Recovered	Recovered at Scene	Recovered Elsewhere (describe)	Unknown
Asphyxial Device:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Bludgeon/Club:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Drug:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Explosive Device:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Fire/Accelerant:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Firearm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Hands or Feet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Ligature:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Pepper Spray	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Poison:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Stabbing/Cutting :	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Stun Gun (e.g., Taser)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Vehicle (see item 100)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Unknown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>

99. Firearm/Projectile Characteristics

Firearm Type (Handgun, Rifle, Shotgun, etc.)	Firearm Make	Cartridge, Caliber, or Gauge	Pellet Size	# of Lands/Grooves	Direction of Twist



Vehicle (photocopy and attach additional sheets if necessary)

Vehicle Used

100a. Was a vehicle known or suspected to have been used in this incident?

Note: Add the vehicle(s) used in this incident and any other vehicle(s) to which the offender was known to have access. Indicate within the Distinctive Features text box (question 100l) which vehicle(s) was used in this incident.

- Yes
- No
- Unknown

Ownership Status

100b. What is the ownership status of the vehicle? (check all that apply)

- Owned/Under Control of Offender
- Owned/Under Control of Victim
- Ownership Status Unknown
- Rented/Loaned
- Stolen

Vehicle Stolen Date _____
 Street Address _____
 City _____
 County _____
 State/Province _____
 Zip Code _____
 Country _____
 District / Division/ Beat _____
 Latitude/Longitude _____

Not Recovered

Recovered

Vehicle Recovered Date _____
 Street Address _____
 City _____
 County _____
 State/Province _____
 Zip Code _____
 Country _____
 District / Division/ Beat _____
 Latitude/Longitude _____



Identifying Information

100c. License Plate Number: _____

100d. License State/Province: _____

100e. License Country: _____

100f. Vehicle Year (or estimated range): _____ to _____

100g. Vehicle Make: _____

100h. Vehicle Model: _____

100i. Vehicle VIN: _____

Body Style

100j. Body Style (check one):

- | | |
|--|--|
| <input type="checkbox"/> Bike/Moped | <input type="checkbox"/> Station Wagon |
| <input type="checkbox"/> Motorcycle | <input type="checkbox"/> Tractor-Trailer |
| <input type="checkbox"/> Passenger Car | <input type="checkbox"/> Van |
| <input type="checkbox"/> Pick-Up Truck | <input type="checkbox"/> Other (specify) _____ |
| <input type="checkbox"/> RV/Motor Home | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Sport Utility | |

Vehicle Color

100k. Vehicle Color: _____

Distinctive Features

100l. Distinctive features of vehicle, if any:



Addendum: Additional Investigative Information

Please enter information on any other individual(s) relevant to this crime or to your investigation. This section is optional and is intended to assist agency case management.

The following information relates to:

- Victim # _____
- Offender # _____
- Crime Scene _____
- Other (specify) _____

Category

- | | |
|---|---|
| <input type="checkbox"/> Acquaintance | <input type="checkbox"/> Person of Interest |
| <input type="checkbox"/> Associate | <input type="checkbox"/> Roommate |
| <input type="checkbox"/> Boyfriend/Girlfriend | <input type="checkbox"/> Relative (specify) _____ |
| <input type="checkbox"/> Coroner | <input type="checkbox"/> Specialist (e.g. Odontologist) (specify) _____ |
| <input type="checkbox"/> Co-Worker | <input type="checkbox"/> Spouse |
| <input type="checkbox"/> Employee | <input type="checkbox"/> Tips Caller |
| <input type="checkbox"/> Employer | <input type="checkbox"/> Witness |
| <input type="checkbox"/> Informant | <input type="checkbox"/> Other (specify) _____ |
| <input type="checkbox"/> Neighbor | |

First Name	Middle Name	Last Name	Suffix
------------	-------------	-----------	--------

Alias/Nickname: _____

Telephone Number: _____

Email Address: _____

Street Address: _____

City: _____ County: _____ State/Province: _____

Zip Code: _____ Country: _____

Social Security Number: _____

Date of Birth: _____

FBI Number: _____

Remarks:
