



## **CASE SUBMISSION FORM**

**Federal Bureau of Investigation  
Critical Incident Response Group  
National Center for the Analysis of Violent Crime  
Behavioral Analysis Unit 4  
Violent Criminal Apprehension Program**

**Phone: (703) 632-4254 / Toll Free: (800) 634-4097 / Fax: (703) 632-4239  
Email: [vicap@leo.gov](mailto:vicap@leo.gov)  
Mailing Address: FBI Academy, CIRG/BAU-4/ViCAP, Quantico, VA 22135**

**UNCLASSIFIED//LES**

**Paperwork Reduction Act Notice:**

This notice is given under the Paperwork Reduction Act of 1995. The Paperwork Reduction Act requires that the Federal Bureau of Investigation inform individuals and other entities of the following when asking for information. The information on this form will assure identity history information is appropriately collected, retained, amended and thus disseminated in a manner that ensures the accuracy of the record in an effort to protect individual privacy as required by 28 CFR 20.1. It will ensure the FBI receives all of the necessary information needed to add and update identity data within the ViCAP Web National Crime Database, streamline the flow of information, and ensure more timely transactions. The FD-676 will promote timely processing by ViCAP staff, minimize delays, reduce rejections to the submitting agency, and provide for efficient updating of identity histories within the ViCAP system.

**Privacy Act Statement:**

Pursuant to the Privacy Act of 1974, 5 U.S.C. 552a, we are providing the following information regarding this collection of information. The authority under which this information is being collected is 28 U.S.C. 533. The principal purposes for which the information will be used is to facilitate and coordinate investigative interactions within and between agencies whose jurisdictions have been victimized by the same offender(s). The information collected may be shared with other government agencies for authorized purposes and with certain other persons and entities for other purposes as provided for in the most recently published routine uses for the National Center for the Analysis of Violent Crimes (Justice/FBI-015). The form requests both mandatory and optional information. If you omit mandatory information, we may not be able to process your request.

# ViCAP Case Submission Form

---

## Behavioral Analysis Units

The mission of the FBI's Behavioral Analysis Units is to provide behaviorally-based investigative and operational support to federal, state, local, tribal, and foreign law enforcement, intelligence and security agencies.

## Violent Criminal Apprehension Program (ViCAP)

Established by the Department of Justice in 1985, ViCAP serves law enforcement agencies across the nation by providing a free repository for behavioral and investigative information related to the following solved and unsolved violent crimes (if questions arise regarding whether a case meets the listed criteria, please contact FBI ViCAP for guidance):

- Homicides (and attempts) that are known or suspected to be part of a series and/or are apparently random, motiveless, or sexually oriented.
- Sexual Assaults that are known or suspected to be part of a series and/or are committed by a stranger.
- 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.

ViCAP's services include crime analysis; the creation of maps, timelines, and matrices; information dissemination; the facilitation and coordination of communication between agencies; task force assistance; and the development and maintenance of ViCAP Web. ViCAP's services and ViCAP Web access are provided at no cost to law enforcement agencies.

## ViCAP Web: Electronic Submission

ViCAP's National Crime Database (ViCAP Web) is a web-based application available to law enforcement agencies nationwide through secure connectivity of the FBI's Criminal Justice Information Services Division, Law Enforcement Enterprise Portal (LEEP). 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. Cases received in hard copy form will be entered into the database by ViCAP personnel; however, law enforcement agencies are encouraged to enter their cases directly, via LEEP.

For information on how to gain access to ViCAP Web, contact FBI ViCAP and request the analyst assigned to your state, or visit the ViCAP SIG on LEEP.

## 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, offenders, or vehicles, copy the appropriate sections of this form and provide separate information for each.
- For sexual assault and attempted homicide victims' name(s), personally identifiable information will be masked in the following locations: Q#7, (Name and Alias), Q#13a/b/c/d/e (SSN, FBI Number, State ID Number, City/County ID Number, Driver's License Number), Q#16a (DOB), Q#43 (Offender-Victim Relationships), Q#86B (Victim License Plate and VIN only), Q#86D (Victim's name within the Victim dropdown list, and the Vehicle Summary box), Q#88 (Similar/Linked Cases – Victim's Name only), Victim/Offender Summary box, and on all page headers in which the victim name appears. Information is also masked in Custom Columns, Case Summary Report and Full Case Report.
- 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 (Q#9).
- 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 form.
- To provide supplemental or revised information for a case previously submitted to FBI ViCAP, contact the analyst assigned to your state directly, via phone or email. 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 BAU Coordinator. This individual will provide information and guidance in this area.

UNCLASSIFIED//LES

## TABLE OF CONTENTS

---

Case Administration	1
Victim/Offender Names	2
Narrative	3
Dates & Locations	4
Victim Demographics	6
Victim Background	8
Offender Demographics	10
Offender Background	12
Offender Timeline	15
Approach to Victim	16
Trauma	18
Weapon	21
Sexual Activity	22
Incident Details	24
Victim Release/Recovery	28
Vehicle	30
Forensic/Physical Evidence	32
Similar Cases	33
Addendum	34
Attachments	35
Supplemental Information	35

# CASE ADMINISTRATION

Date Form Completed \_\_\_\_\_

**1. Case Sharing:** In addition to your case being viewed by FBI ViCAP, do you authorize your case to be viewed by all other ViCAP Web users (*select one*)?

- Yes  
 No

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

- Open-Active  
 Open-Inactive/Suspended  
 Closed-By Arrest  
 Closed-By Exceptional Circumstances  
 Closed-Other (*specify*) \_\_\_\_\_

Case Status Date \_\_\_\_\_

Case Closure Date \_\_\_\_\_

### 3. Investigating Agency

#### A. Primary Investigating Agency

Agency Name \_\_\_\_\_  
District/Region \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ County \_\_\_\_\_  
State/Province \_\_\_\_\_ Zip Code \_\_\_\_\_ Country \_\_\_\_\_  
Telephone Number \_\_\_\_\_  
ORI Number \_\_\_\_\_

#### B. Additional Investigating Agency (*additional agencies can be entered in the Supplemental Table at the end of this form*)

Agency Name \_\_\_\_\_  
City \_\_\_\_\_ State/Province \_\_\_\_\_ Country \_\_\_\_\_  
Telephone Number \_\_\_\_\_  
Investigator Title/Name \_\_\_\_\_  
Investigator Telephone Number \_\_\_\_\_  
Investigator Email Address \_\_\_\_\_

### 4. Case Numbers

A. Investigating Agency's Case Number(s) \_\_\_\_\_

B. State Agency's Case Number(s), *if applicable* \_\_\_\_\_

### 5. Investigator (*additional investigators from the primary investigating agency can be entered in the Supplemental Table at the end of this form*)

Title/Rank and Full Name \_\_\_\_\_

Telephone Number \_\_\_\_\_ Email Address \_\_\_\_\_

### 6. Person Completing Form

Title/Rank and Full Name \_\_\_\_\_

Telephone Number \_\_\_\_\_ Email Address \_\_\_\_\_

Agency Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_

State/Province \_\_\_\_\_ Zip Code \_\_\_\_\_ Country \_\_\_\_\_

UNCLASSIFIED//LES

## VICTIM/OFFENDER NAMES

*NOTE: If your incident has multiple victims and/or offenders, copy the appropriate sections of this form and provide separate information for each victim and/or offender.*

**7. Case Type/Victim Name:** This is victim # \_\_\_\_\_ of \_\_\_\_\_ total victim(s) in this incident.

**Case Type** (*select one*):

- Homicide - Victim Identified: Known or suspected to be part of a series and/or apparently random, motiveless, or sexually oriented.
- Attempted Homicide: Known or suspected to be part of a series and/or apparently random, motiveless, or sexually oriented.
- Sexual Assault: Known or suspected to be part of a series and/or committed by a stranger.
- Missing Person: Circumstances indicate a strong possibility of foul play and the victim is still missing.
- Unidentified Human Remains: Manner of death is known or suspected to be homicide.

**Victim Name** *NOTE: For cases with unidentified victims, please use Jane Doe, John Doe, or Unknown Doe as the victim's name. For sexual assault and attempted homicide cases, please enter the victim's actual name(s). See 'Instructions' for a list of all the places personally identifiable information is masked in ViCAP Web.*

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ Suffix \_\_\_\_\_

**Victim Alias Name(s)**

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ Suffix \_\_\_\_\_

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ Suffix \_\_\_\_\_

**8. Offender Status/Offender Name:** This is offender # \_\_\_\_\_ of \_\_\_\_\_ total offender(s) in this incident.

The following information pertains to the Offender or Suspect (*select one*):

- Offender: Individual determined to be responsible for this crime, whether identified and in custody or not.
- Suspect: Individual considered possibly responsible for this crime.

*NOTE: From this point forward, this individual will be referred to as offender regardless of whether he/she is an offender or a suspect.*

**Offender Current Status** (*select one*):

**Date Current Status Began** \_\_\_\_\_

- Unknown - Not Seen
- Unknown - Seen
- Identified, Not in Custody
- Identified, Status Unknown
- In Custody - For This Offense
- In Custody - For Another Offense (*specify*) \_\_\_\_\_
- Deceased
- Discharged/Paroled from Custody - For This Offense

**Offender Name** *NOTE: Offender Name is required if Offender Current Status is not "Unknown - Not Seen" or "Unknown - Seen."*

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ Suffix \_\_\_\_\_

**Offender Alias Name(s)**

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ Suffix \_\_\_\_\_

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ Suffix \_\_\_\_\_

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ Suffix \_\_\_\_\_

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ Suffix \_\_\_\_\_

UNCLASSIFIED//LES



## DATES & LOCATIONS

**10. Dates & Locations:** Enter as much information as possible regarding the dates, times, and locations of this incident. *At a minimum*, each entry must include the Date, City or County, State, Event Site and **at least** one of the following types of locations (*based on case type*):

- Homicide/Attempted Homicide/Sexual Assault: Murder/Assault or Release/Recovery
- Missing Person: Victim's Last Known
- Unidentified Human Remains: Release/Recovery
- Other: At least one location of any type

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

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

- Yes (*describe*) \_\_\_\_\_  
 No  
 Unknown



## EVENT SITES

Select one or more event sites that describe each applicable location type (e.g., *Victim's Last Known*) and enter the selected number(s) into the table on the previous page. Additionally, enter a description if "Other" event sites are selected. If the event site is not known, enter the word "Unknown" in the table.

### Living Quarters

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

### Businesses

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

### Transportation

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

### Public Areas/Buildings

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

### Outdoor/Water Locations

- |                               |                        |   |
|-------------------------------|------------------------|---|
| 49. Alley                     | 62. Dump/Landfill      | 75. Road-Highway/Interstate                   |
| 50. Beach/Shoreline/Riverbank | 63. Embankment         | 76. Road-Paved/Public                         |
| 51. Bridge/Overpass/Underpass | 64. Field/Orchard/Farm | 77. Sidewalk                                  |
| 52. Camping Area              | 65. Lake/Pond          | 78. Storm Drain/Sewer System                  |
| 53. Canal/Inland Waterway     | 66. Marsh/Swamp/Bayou  | 79. Stream/Creek                              |
| 54. Cave/Mine/Quarry          | 67. Mountains/Hills    | 80. Swimming Pool                             |
| 55. Cemetery                  | 68. Ocean/Bay          | 81. Trail/Jogging Path                        |
| 56. Commercial Area           | 69. Parking Lot/Garage | 82. Vacant Lot                                |
| 57. Construction Area         | 70. Playground/Park    | 83. Vice Area                                 |
| 58. Desert                    | 71. Residential Area   | 84. Wooded Area/Forest                        |
| 59. Ditch/Culvert             | 72. Rest Stop/Area     | 85. Other Outdoor Location ( <i>specify</i> ) |
| 60. Dock/Boat Ramp            | 73. River              | 86. Other Water Location ( <i>specify</i> )   |
| 61. Driveway/Yard             | 74. Road-Gravel/Dirt   |   |

# VICTIM DEMOGRAPHICS

## 11. Victim's Residence

Street Address \_\_\_\_\_  
City \_\_\_\_\_ County \_\_\_\_\_  
State/Province \_\_\_\_\_ Zip Code \_\_\_\_\_ Country \_\_\_\_\_  
District/Division/Beat \_\_\_\_\_ Latitude/Longitude \_\_\_\_\_

## 12. NCIC & NamUs Numbers

A. NCIC Number \_\_\_\_\_ B. NamUs Number \_\_\_\_\_

## 13. Identification Numbers

A. Social Security Number(s) \_\_\_\_\_  
B. FBI Number \_\_\_\_\_  
C. State ID Number(s) \_\_\_\_\_  
D. City/County ID Number(s) \_\_\_\_\_  
E. Driver's License State(s)/Number(s) \_\_\_\_\_

## 14. Sex (select one):

Male  
 Female  
 Other (specify) \_\_\_\_\_  
 Unknown

## 15. Race/Appearance (check all that apply):

American Indian or Alaska Native  
 Asian  
 Black or African American  
 Hispanic or Latino  
 Native Hawaiian or Other Pacific Islander  
 White  
 Other (describe) \_\_\_\_\_  
 Unknown

## 16. Age, Height, Weight

A. Date(s) of Birth (mm/dd/yyyy) \_\_\_\_\_  
B. Age (or best estimate) at time of incident \_\_\_\_\_ to \_\_\_\_\_  
C. Apparent Physical Age (if different from 16B) \_\_\_\_\_ to \_\_\_\_\_  
D. Height (or best estimate) \_\_\_\_\_ to \_\_\_\_\_  
E. Weight (or best estimate) \_\_\_\_\_ to \_\_\_\_\_

## 17. Hair

### A. Hair Color (check all that apply):

Black  
 Blonde  
 Blue  
 Brown  
 Gray  
 Green  
 Orange  
 Pink  
 Purple  
 Red  
 Sandy  
 White  
 Other (describe) \_\_\_\_\_  
 Unknown

### B. Hair Length (check all that apply):

Bald/Shaved  
 Balding/Receding  
 Shorter than Collar Length  
 Collar Length  
 Shoulder Length  
 Longer than Shoulder Length  
 Other (describe) \_\_\_\_\_  
 Unknown

**18. 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                |

**19. Facial Hair** (check all that apply):

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

**20. Characteristics of Teeth** (check all that apply and 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, caps, etc.) _____ |
| <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 _____                             |

**21. Scars/Marks/Tattoos/Piercings:** Does the victim have any noticeable scars, marks (e.g., pockmarks), tattoos, or body piercings?

- Yes (describe in the table below)       No       Unknown

Location on Body <i>*see below for selections</i>	Left/Center/Right	Type: S/M/T/P	Description

**Location on Body**

Abdomen, Ankle, Anus, Arm(s), Back, Breast(s), Buttock(s), Chest, Ear(s), Eye(s), Face, Finger(s), Foot/Feet, Genitalia, Groin, Hand(s), Head, Leg(s), Lip(s), Neck/Throat, Nipple(s), Nose, Shoulder(s), Thigh(s), Tongue, Other, Unknown.

**22. Outstanding Feature(s):** Does the victim have any outstanding features not reported above (e.g., physical deformity, medical condition and/or implant, speech impediment, accent, odor)?

- Yes (describe) \_\_\_\_\_
- No
- Unknown

**23. Clothing, Jewelry, and Possessions:** Description of clothing, jewelry, glasses, and other items worn by or in possession of the victim (*include size, color and brand of clothing for missing person and unidentified human remains cases*):

---

---

---

## VICTIM BACKGROUND

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

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

**25. Lifestyle Characteristics:** Victim's general lifestyle characteristics (*check all that apply*):

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

**26. Group Affiliation:** Was the victim a member of, or associated with, any group or organization?

- Yes (*describe*) \_\_\_\_\_
- No
- Unknown

**27. Marital Status:** Victim's marital status (*select one*):

- Divorced
- Married
- Separated
- Single
- Widowed
- Other (*specify*) \_\_\_\_\_
- Unknown

**28. Living Arrangements:** Victim was living with (*check all that apply*):

- Alone
- Child(ren)
- Friend(s)
- Girlfriend/Boyfriend
- Parent(s)/Guardian(s)
- Relative(s)
- Roommate(s)
- Spouse/Common-Law
- Other (*specify*) \_\_\_\_\_
- Unknown

# OFFENDER DEMOGRAPHICS

## 29. Offender's Residence

Street Address \_\_\_\_\_  
City \_\_\_\_\_ County \_\_\_\_\_  
State/Province \_\_\_\_\_ Zip Code \_\_\_\_\_ Country \_\_\_\_\_  
District/Division/Beat \_\_\_\_\_ Latitude/Longitude \_\_\_\_\_

## 30. Identification Numbers

A. Social Security Number(s) \_\_\_\_\_  
B. FBI Number \_\_\_\_\_  
C. State ID Number(s) \_\_\_\_\_  
D. City/County ID Number(s) \_\_\_\_\_  
E. Dept. of Corrections /Number(s) \_\_\_\_\_  
F. Driver's License State(s)/Number(s) \_\_\_\_\_

## 31. Sex (select one):

Male  
 Female  
 Other (specify) \_\_\_\_\_  
 Unknown

## 32. Race/Appearance (check all that apply):

American Indian or Alaska Native  
 Asian  
 Black or African American  
 Hispanic or Latino  
 Native Hawaiian or Other Pacific Islander  
 White  
 Other (describe) \_\_\_\_\_  
 Unknown

## 33. Age, Height, Weight

A. Date(s) of Birth (mm/dd/yyyy) \_\_\_\_\_  
B. Age (or best estimate) at time of incident \_\_\_\_\_ to \_\_\_\_\_  
C. Apparent Physical Age (if different from 33b) \_\_\_\_\_ to \_\_\_\_\_  
D. Height (or best estimate) \_\_\_\_\_ to \_\_\_\_\_  
E. Weight (or best estimate) \_\_\_\_\_ to \_\_\_\_\_

## 34. Hair

### A. Hair Color (check all that apply):

Black  
 Blonde  
 Blue  
 Brown  
 Gray  
 Green  
 Orange  
 Pink  
 Purple  
 Red  
 Sandy  
 White  
 Other (describe) \_\_\_\_\_  
 Unknown

### B. Hair Length (check all that apply):

Bald/Shaved  
 Balding/Receding  
 Shorter than Collar Length  
 Collar Length  
 Shoulder Length  
 Longer than Shoulder Length  
 Other (describe) \_\_\_\_\_  
 Unknown

**35. 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                |

**36. Facial Hair** (check all that apply):

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

**37. Scars/Marks/Tattoos/Piercings:** Does the offender have any noticeable scars, marks (e.g., pockmarks), tattoos, or body piercings?

- Yes (describe in the table below)
  No
  Unknown

Location on Body <i>*see below for selections</i>	Left/Center/Right	Type: S/M/T/P	Description

**Location on Body**

Abdomen, Ankle, Anus, Arm(s), Back, Breast(s), Buttock(s), Chest, Ear(s), Eye(s), Face, Finger(s), Foot/Feet, Genitalia, Groin, Hand(s), Head, Leg(s), Lip(s), Neck/Throat, Nipple(s), Nose, Shoulder(s), Thigh(s), Tongue, Other, Unknown.

**38. Outstanding Feature(s):** Does the offender have any outstanding features not reported above (e.g., physical deformity, speech impediment, accent, odor)?

- Yes (describe) \_\_\_\_\_  
 No  
 Unknown

**39. Clothing, Jewelry, and Possessions:** Description of clothing, jewelry, glasses, and other items worn by or in possession of the offender:

---

---

---

---

---

---

---

---

## OFFENDER BACKGROUND

### 40. Offender Occupation(s): Offender's legal/illegal occupation(s) (check all that apply):

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



**41. Lifestyle Characteristics:** Offender's general lifestyle characteristics (*check all that apply*):

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

**42. Group Affiliation:** Was the offender a member of, or associated with, any group or organization?

- Yes (*describe*) \_\_\_\_\_
- No
- Unknown

**43. Offender-Victim Relationships:** Indicate and specify the offender's relationship to each victim:

Victim	Relationship <i>*see below for selections</i>	Specify
Victim # _____		
Victim # _____		
Victim # _____		
Victim # _____		

**Relationship**

Acquaintance, Boyfriend/Girlfriend, Business Partner, Care Provider/Babysitter, Child, Classmate, Clergyman, Co-Worker, Customer/Client, Date, Employee, Employer, Ex-Boyfriend/Ex-Girlfriend, Ex-Spouse, Friend, Landlord, Medical Provider, Neighbor, Parent/Guardian, Relative, Roommate, Spouse, Stranger, Student, Teacher/Educator, Tenant, Other (*specify*), Unknown.

**44. Additional Offenses:** Have any statements been made by the offender or have any items been identified that indicate the offender may have been involved in additional ViCAP-criteria offenses not documented in Question #88 - Similar Cases (*e.g., identification or photographs of unidentified victims, articles of clothing, jewelry, newspaper clippings, etc.*)?

- Yes (*describe*) \_\_\_\_\_
- No
- Unknown

**45. Sex-related Paraphernalia/Devices:** Did the offender possess sex-related paraphernalia/devices?

- Yes (*check all that apply and describe*):
  No
  Unknown
- Belts/Leathers \_\_\_\_\_
  - Condoms/Contraceptive Devices \_\_\_\_\_
  - Handcuffs \_\_\_\_\_
  - Lubricants/Lotions \_\_\_\_\_
  - Masks/Costumes/Clothing \_\_\_\_\_
  - Rape Kit/Crime Kit \_\_\_\_\_
  - Sexual Bondage Items \_\_\_\_\_
  - Sexual Devices/Toys \_\_\_\_\_
  - Torture Devices \_\_\_\_\_
  - Other (*specify*) \_\_\_\_\_

**46. Sex-related Collections:** Is the offender known to possess sex-related collections (*e.g., erotica, pornography*)?

- Yes (*fill in the table*)
  No
  Unknown

Medium	Description	Age	Sex	Type	Source
<input type="checkbox"/> Audio <input type="checkbox"/> Image <input type="checkbox"/> Text <input type="checkbox"/> Video <input type="checkbox"/> Other <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"/> Image <input type="checkbox"/> Text <input type="checkbox"/> Video <input type="checkbox"/> Other <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"/> Image <input type="checkbox"/> Text <input type="checkbox"/> Video <input type="checkbox"/> Other <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

**47. Sexual Practices & Preferences:** Indicate the offender's known sexual practices and preferences (*check all that apply*):

- Bestiality
- Bondage Practitioner
- Exhibitionist
- Group Sex Practitioner
- Incest
- Masochism
- Necrophilia
- Sadism
- Voyeurism
- Other (*describe*) \_\_\_\_\_
- Unknown

## OFFENDER TIMELINE

*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.*

**48. Offender Timeline:** If the offender is identified, please enter information on his/her known whereabouts into the table below. Photocopy and attach additional pages if necessary. This information is valuable when associating/eliminating this offender in connection with other crimes.

Date From <i>(mm/dd/yyyy)</i>	Date To <i>(mm/dd/yyyy)</i>	Street Address, City, County, State/Province, Zip Code, Country	Location Description	Purpose
				<input type="checkbox"/> Employed <input type="checkbox"/> Resided <input type="checkbox"/> Visited <input type="checkbox"/> In Custody <input type="checkbox"/> In Military ( <i>Branch _____</i> ) <input type="checkbox"/> Unknown
				<input type="checkbox"/> Employed <input type="checkbox"/> Resided <input type="checkbox"/> Visited <input type="checkbox"/> In Custody <input type="checkbox"/> In Military ( <i>Branch _____</i> ) <input type="checkbox"/> Unknown
				<input type="checkbox"/> Employed <input type="checkbox"/> Resided <input type="checkbox"/> Visited <input type="checkbox"/> In Custody <input type="checkbox"/> In Military ( <i>Branch _____</i> ) <input type="checkbox"/> Unknown
				<input type="checkbox"/> Employed <input type="checkbox"/> Resided <input type="checkbox"/> Visited <input type="checkbox"/> In Custody <input type="checkbox"/> In Military ( <i>Branch _____</i> ) <input type="checkbox"/> Unknown
				<input type="checkbox"/> Employed <input type="checkbox"/> Resided <input type="checkbox"/> Visited <input type="checkbox"/> In Custody <input type="checkbox"/> In Military ( <i>Branch _____</i> ) <input type="checkbox"/> Unknown

## APPROACH TO VICTIM

49. Offender's Initial Approach: What was the offender's initial approach to the victim (*check all that apply*)?

- Unknown
  
- By Deception or Con**
  - Administered Drug (*specify*) \_\_\_\_\_
  - Alleged Drug Transaction
  - Asked For/Offered Assistance
  - Asked Victim to Model/Pose for Photos
  - Befriended Victim
  - Caused/Staged Traffic Accident
  - Engaged Victim in Conversation
  - Feigned an Injury
  - Implied Family Emergency or Illness
  - Internet Communication
  - Offered Job, Money, Treats, or Toys
  - Offered Ride/Transportation
  - Placed or Responded to Advertising
  - Posed as Authority Figure/Police Officer
  - Posed as Business Person/Customer
  - Solicited for Sex
  - Telephone Contact
  - Third Person Used to Lure Victim
  - Wanted to Show Something
  - Other Deception/Con (*describe*) \_\_\_\_\_
  
- By Surprise**
  - Awakened Victim
  - Forceful Sudden Entry
  - Lay in Wait - In Building
  - Lay in Wait - In Vehicle
  - Lay in Wait - Out of Doors
  - Threatened with Weapon
  - Other Surprise (*describe*) \_\_\_\_\_
  
- By Blitz (Direct and Immediate Physical Assault)**
  - Choked Victim
  - Hit Victim with Hand, Fist, Clubbing Weapon
  - Physically Overpowered Victim
  - Shot Victim
  - Stabbed/Cut Victim
  - Other Blitz/Assault (*describe*) \_\_\_\_\_
  
- Other Approach (*describe*) \_\_\_\_\_

**50. Victim's Activity:** *If relevant to the crime, describe the victim's activity at the time of the initial contact between the victim and the offender, or when the victim was last seen alive prior to the incident (check all that apply):*

- Babysitting
- Buying/Selling/Using Alcohol/Drugs
- Hitchhiking
- Hunting/Camping/Hiking/Fishing
- In Transit Between Two Destinations (*describe*) \_\_\_\_\_
- Making a Delivery
- On a Date
- On Vacation
- Outdoor Exercising (*jogging, biking, etc.*)
- Playing Outside
- Prostituting
- Selling Home, Vehicle, etc.
- Sleeping
- Other (*describe*) \_\_\_\_\_
- Unknown

**51. Event/Activity in Area:** 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

**52. Victim Targeted:** Has the victim had an experience that would suggest he/she was a targeted victim?

- Yes (*check all that apply*):  No  Unknown
  - Calls, Notes, or Internet Communication
  - Feeling That Victim Was Watched or Followed
  - Prowlers or Peeping Incidents
  - Residential or Vehicle Break-Ins
  - Theft of Personal Items (*clothing, etc.*)
  - Other (*describe*) \_\_\_\_\_

**53. How Offender Gained Entry:** 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

**54. Types of Trauma**

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

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

**B. For deceased victims only, indicate the medical examiner's/coroner's officially listed primary cause of death, if known: \_\_\_\_\_**

**55. Trauma Locations** (check all that apply):

- |  |  |  |                                      |
|--|--|--|--------------------------------------|
| <input type="checkbox"/> None            | <input type="checkbox"/> Breast(s)/Nipple(s) | <input type="checkbox"/> Genitalia/Groin | <input type="checkbox"/> Leg(s)      |
| <input type="checkbox"/> Anus/Buttock(s) | <input type="checkbox"/> Chest/Abdomen       | <input type="checkbox"/> Hand(s)         | <input type="checkbox"/> Neck/Throat |
| <input type="checkbox"/> Arm(s)          | <input type="checkbox"/> Face                | <input type="checkbox"/> Head            | <input type="checkbox"/> Unknown     |
| <input type="checkbox"/> Back            | <input type="checkbox"/> Foot/Feet           |  |                                      |

**56. Human Bite Marks:** Was the victim bitten by the offender?

- Yes  
 No  
 Unknown  
 Undetermined: Choose 'Undetermined' if the victim has bite marks that have not been definitively determined to be (a) human or (b) caused by the offender.

**Check all that apply:**

- |  |  |                                  |                                      |
|--|--|----------------------------------|--------------------------------------|
| <input type="checkbox"/> Anus/Buttock(s)     | <input type="checkbox"/> Ear(s)          | <input type="checkbox"/> Hand(s) | <input type="checkbox"/> Neck/Throat |
| <input type="checkbox"/> Arm(s)              | <input type="checkbox"/> Face            | <input type="checkbox"/> Head    | <input type="checkbox"/> Nose        |
| <input type="checkbox"/> Back                | <input type="checkbox"/> Foot/Feet       | <input type="checkbox"/> Leg(s)  | <input type="checkbox"/> Tongue      |
| <input type="checkbox"/> Breast(s)/Nipple(s) | <input type="checkbox"/> Genitalia/Groin | <input type="checkbox"/> Lips(s) | <input type="checkbox"/> Unknown     |
| <input type="checkbox"/> Chest/Abdomen       |  |                                  |                                      |

**57. Body Parts Removed:** Did the offender remove or attempt to remove any of the victim's body parts? If so, describe in the table below.

- Yes  
 No  
 Unknown  
 Undetermined: Choose 'Undetermined' if the cause of dismemberment cannot be definitively attributed to the offender (e.g., animal activity, environmental conditions).

Body Part Removed <i>*see below for selections</i>	Body Part Removed Description	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

**Body Part Removed**

Anus, Arm(s), Breast(s), Buttock(s), Ear(s), Eye(s), Face, Finger(s), Foot/Feet, Genitalia/Groin, Hand(s), Head, Internal Organ(s), Leg(s), Lip(s), Nipple(s), Nose, Toe(s), Tongue, Torso, Other (*describe*), Unknown.

**58. Dismemberment Method** (check all that apply):

- |   |  |
|---|--|
| <input type="checkbox"/> Bitten         | <input type="checkbox"/> Cut/Sawed                       |
| <input type="checkbox"/> Disarticulated | <input type="checkbox"/> Other ( <i>describe</i> ) _____ |
| <input type="checkbox"/> Hacked/Chopped | <input type="checkbox"/> Unknown                         |
| <input type="checkbox"/> Ripped/Torn    |  |

**59. Unusual Assault/Trauma/Torture:** 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 \_\_\_\_\_
- Offender Defecated/Urinated
  - At Scene \_\_\_\_\_
  - On Victim \_\_\_\_\_
- 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 \_\_\_\_\_
- Whipped/Paddled (*with object*) \_\_\_\_\_
- Other (*specify*) \_\_\_\_\_



## WEAPON

**60. Weapon:** Was a weapon used, displayed, or threatened during the commission of this crime?

- Yes-Instruments Used (*describe in the table below*)     
  Yes-Hands/Feet     
  No     
  Unknown

Weapon Category <i>*see below for selections</i>	Weapon Type <i>*see below for selections</i>	Weapon Description	Weapon Selection	Weapon Recovery
			<input type="checkbox"/> Brought to Scene <input type="checkbox"/> Found at Scene <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"/> Brought to Scene <input type="checkbox"/> Found at Scene <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"/> Brought to Scene <input type="checkbox"/> Found at Scene <input type="checkbox"/> Unknown	<input type="checkbox"/> Not Recovered <input type="checkbox"/> Recovered at Scene <input type="checkbox"/> Recovered Elsewhere _____ <input type="checkbox"/> Unknown

Weapon Category	Weapon Type
Asphyxial Device	Clothing, Linens, Pillow, Plastic Bag, Tape, Unspecified Asphyxial Device, Other Asphyxial Device ( <i>specify</i> )
Bludgeon/Club	Baseball Bat, Bottle, Concrete Block/Brick, Fireplace Tool, Hammer, Pipe, Rock, Shovel, Tire Iron, Unspecified Bludgeon/Club, Other Bludgeon/Club ( <i>specify</i> )
Drug	Cocaine, Tranquilizers, Valium, Unspecified Drug, Other Drug ( <i>specify</i> )
Explosive Device	
Fire/Accelerant	Fire, Alcohol, Gasoline/Fuel, Lighter Fluid, Unspecified Fire/Accelerant, Other Fire/Accelerant ( <i>specify</i> )
Firearm	
Ligature	Clothing, Electrical/Phone Cord, Linens, Rope/Cordage, Wire/Coathanger, Unspecified Ligature, Other Ligature ( <i>specify</i> )
Pepper Spray	
Poison	Arsenic, Cyanide, Strychnine, Thallium, Unspecified Poison, Other Poison ( <i>specify</i> )
Stabbing/Cutting	Axe/Hatchet, Box Cutter, Ice Pick, Knife-Hunting/Outdoor, Knife-Kitchen/Butcher, Knife-Pocket, Knife-Tactical/Fighting, Knife-Other, Machete/Sword, Scissors, Screwdriver, Unspecified Stabbing/Cutting, Other Stabbing/Cutting ( <i>specify</i> )
Stun Gun ( <i>e.g., Taser</i> )	
Vehicle ( <i>see Vehicle, Page 30</i> )	
Other Weapon ( <i>specify</i> )	
Unknown	

**61. Firearm Type:** Firearm/Projectile Characteristics:

Firearm Type	Firearm Make	Cartridge/Caliber or Gauge	Pellet Size	# Lands/Grooves	Direction of Twist
<input type="checkbox"/> Handgun <input type="checkbox"/> Shotgun <input type="checkbox"/> Rifle <input type="checkbox"/> Other <input type="checkbox"/> Unknown					
<input type="checkbox"/> Handgun <input type="checkbox"/> Shotgun <input type="checkbox"/> Rifle <input type="checkbox"/> Other <input type="checkbox"/> Unknown					

UNCLASSIFIED//LES

# SEXUAL ACTIVITY

## 62. Sexual Activity

### A. Is there an indication of sexual activity or attempted sexual activity with the victim?

Yes (*check all that apply*):
  No
  Unknown
  Undetermined

**Anal Penetration**

- Penile
- Digital
- Hand/Fist
- Unknown

**Offender Performed Oral Sex on Victim**

- Anus
- Penis
- Vagina

**Vaginal Penetration**

- Penile
- Digital
- Hand/Fist
- Unknown

**Victim Performed Oral Sex on Offender**

- Anus
- Penis
- Vagina

**Masturbation**

- Offender Masturbated Victim
- Offender Masturbated Self
- Victim Masturbated Offender
- Victim Masturbated Self

**Other Sexual Acts**

- Inserted a Foreign Object (*other than a body part*)
- Fondled/Groped/Hugged
- Forced Victim to Swallow Semen
- Kissed
- Licked
- Rubbed Genitalia Against Victim
- Simulated Intercourse
- Sucked Breasts
- Other (*describe*) \_\_\_\_\_

### B. If there was an indication of foreign object insertion, identify the body orifice, the foreign object, and whether or not the object was left in the victim's body.

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

**63. 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

**64. Fetishes:** Did the offender display any obvious fetishes (*sexual interests in artificial objects or non-sexual parts of the body*)?

- Yes (*describe*) \_\_\_\_\_
- No
- Unknown

**65. Special Props:** Did the offender use special props during the offense (*e.g., red negligee, costume*)?

- Yes (*describe*) \_\_\_\_\_
- No
- Unknown

**66. Disrobing:** Who disrobed whom (*check all that apply*)?

- Victim Already Nude
- Victim Disrobed by Offender
- Victim Disrobed Self
- Victim's Clothing Moved Up/Down/Aside
- Victim's Clothing Not Removed
- Offender Already Nude
- Offender Disrobed by Victim
- Offender Disrobed Self
- Offender's Clothing Moved Up/Down/Aside
- Offender's Clothing Not Removed
- Other (*describe*) \_\_\_\_\_
- Unknown

**67. Clothing Intentionally Ripped/Cut:** Was the victim's clothing intentionally ripped/torn and/or cut by the offender?

- Yes - Ripped/Torn (*describe*) \_\_\_\_\_
- Yes - Cut (*describe*) \_\_\_\_\_
- No
- Unknown

## INCIDENT DETAILS

**68. Victim Bound:** At any time, was the victim bound?

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

Binding Article Category <i>*see below for selections</i>	Binding Article Type <i>*see below for selections</i>	Binding Article Description	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 ( <i>specify</i> ) _____ <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 ( <i>not on victim</i> ) <input type="checkbox"/> Left on Victim <input type="checkbox"/> Taken from Scene <input type="checkbox"/> Unknown
			<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 ( <i>specify</i> ) _____ <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 ( <i>not on victim</i> ) <input type="checkbox"/> Left on Victim <input type="checkbox"/> Taken from Scene <input type="checkbox"/> Unknown
			<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 ( <i>specify</i> ) _____ <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 ( <i>not on victim</i> ) <input type="checkbox"/> Left on Victim <input type="checkbox"/> Taken from Scene <input type="checkbox"/> Unknown

Binding Article Category	Binding Article Type
Chain	
Clothing	Belt, Bra, Dress/Skirt, Necktie, Nightclothes, Panties/Underwear, Pants/Shorts, Pantyhose/Nylons, Purse Strap, Scarf/Bandana, Shirt/Undershirt, Shoe or Boot Lace, Sock, Unspecified Clothing , Other Clothing ( <i>specify</i> )
Coathanger/Wire ( <i>non-electrical</i> )	
Electrical Cord/Phone Cord	
Flexcuffs/Plastic Ties	
Handcuffs	
Linens	Bedsheet, Blanket, Pillowcase, Rag/Cloth, Towel/Washcloth, Unspecified Linens, Other Linens ( <i>specify</i> )
Rope/Cordage	Rope, Bungee Cord, Clothesline, Dog Leash, Twine/String, Window Blinds Cord, Unspecified Rope/Cordage, Other Rope/Cordage ( <i>specify</i> )
Tape	Duct, Electrical, Masking, Medical, Packaging, Unspecified Tape, Other Tape ( <i>specify</i> )
Other Binding Article ( <i>specify</i> )	
Unknown	

**69. Victim Bound to Object:** At any time, was the victim bound to an object?

- Yes (*describe*) \_\_\_\_\_  
 No  
 Unknown

**70. Gag:** At any time, was a gag placed in/on the victim's mouth?

- Yes (*describe*) \_\_\_\_\_
- No
- Unknown

**71. Blindfold/Hood:** At any time, was a blindfold/hood placed on/over the victim's eyes?

- Yes (*describe*) \_\_\_\_\_
- No
- Unknown

**72. Investigative/Forensic Countermeasures:** Did the offender employ any investigative/forensic countermeasures to avoid identification or apprehension?

- Yes (*check all that apply 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 \_\_\_\_\_
- Increased or Decreased Temperature Setting \_\_\_\_\_
- Moved Victim from Murder/Assault Area to Release/Recovery Area \_\_\_\_\_
- Planted Evidence \_\_\_\_\_
- Prepared Escape Route Prior to the Assault \_\_\_\_\_
- Provided False Information (*e.g., name, occupation*) to Victim (*specify*) \_\_\_\_\_
- 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*) \_\_\_\_\_

**73. Offender's Reaction to Resistance:** *If applicable, indicate the offender's reaction to the types of resistance used by this victim.*

Victim Resistance	Offender Reaction	Offender #
<input type="checkbox"/> Passive <input type="checkbox"/> Physical <input type="checkbox"/> Verbal	<input type="checkbox"/> Ceased the Demand <input type="checkbox"/> Compromised or 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 ( <i>describe</i> ) _____ <input type="checkbox"/> Unknown	Offender # _____
<input type="checkbox"/> Passive <input type="checkbox"/> Physical <input type="checkbox"/> Verbal	<input type="checkbox"/> Ceased the Demand <input type="checkbox"/> Compromised or 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 ( <i>describe</i> ) _____ <input type="checkbox"/> Unknown	Offender # _____

**74. Verbal Activity:** Was there offender verbal activity?

Yes (*check all that apply*):  No  Unknown

- Apologetic (*e.g., "I'm sorry this had to happen."*)
- Commanding (*e.g., "Take off your clothes, now!"*)
- Complimentary (*e.g., "You are very pretty."*)
- Concern (*e.g., "Are you comfortable?"*)
- Derogatory (*e.g., "You are so stupid."*)
- Ego-satisfying (*e.g., "Tell me I'm better than your boyfriend."*)
- Inquisitive (*e.g., "How old are you?"*)
- Knowledgeable (*e.g., "I know your husband is not home."*)
- Negotiating (*e.g., "If you stop struggling, I'll loosen the bindings."*)
- Personal (*e.g., "I just moved here from Ohio."*)
- Profane (*e.g., "You're a \*\*\*\*\* whore."*)
- Reassuring (*e.g., "I'm not going to hurt you, just do as I say."*)
- Self-demeaning (*e.g., "You'd never go out with someone like me."*)
- Threatening (*e.g., "I'll kill you if you don't do as I say."*)
- Other (*describe*) \_\_\_\_\_
- Unknown

**75. Offender Dialogue:** Indicate what the offender said to the victim, in chronological order. Use the offender's exact words/phrases where possible and include anything the offender directed the victim to say or do.

---



---



---



---



---



---



---



---



---



---

**76. Recorded Events:** Did the offender record events during the crime (e.g., audio/video/photography)?

- Yes (describe) \_\_\_\_\_  
 No  
 Unknown

**77. Writing or Drawing:** Was there writing or drawing at any of the crime scenes or on the victim's body?

- Yes (describe in the table below)                       No                       Unknown

Location at Scene	Body Location <i>*see below for selections</i>	Writing/Drawing Description	Writing Tool and Description <i>*see below for selections</i>

**Body Location**

Abdomen, Ankle, Anus, Arm(s), Back, Breast(s), Buttock(s), Chest, Ear(s), Eye(s), Face, Finger(s), Foot/Feet, Genitalia, Groin, Hand(s), Head, Leg(s), Lip(s), Neck/Throat, Nipple(s), Nose, Shoulder(s), Thigh(s), Tongue, Other, Unknown.

**Writing Tool**

Blood, Computer, Crayon, knife/Sharp Instrument, Lipstick, Marker, Paint/Spray Paint, Pen/Pencil, Typewriter, Other, Unknown.

**78. Other Deliberate, Unique, or Symbolic Act(s):** Is there any indication that a deliberate, unique, or symbolic act was performed at any of the crime scenes not captured elsewhere in this form (e.g., unique objects placed at scene, foreign substance on body)?

- Yes (describe) \_\_\_\_\_  
 No  
 Unknown

**79. Items Taken:** Did the offender take items from the victim and/or any of the crime scenes?

- Yes (*check all that apply and describe*):  No  Unknown
- Backpack/Fannypack/Briefcase \_\_\_\_\_
  - Camera/Camcorder \_\_\_\_\_
  - Cellphone/Pager/PDA \_\_\_\_\_
  - Checkbook/Checks \_\_\_\_\_
  - Cigarettes/Case/Lighter \_\_\_\_\_
  - Clothing \_\_\_\_\_
  - Computer/Laptop \_\_\_\_\_
  - Credit/Debit/ATM Card \_\_\_\_\_
  - Driver's License/ID \_\_\_\_\_
  - Drugs - Legal/Illegal \_\_\_\_\_
  - Electronic Equipment (*stereo, TV, etc.*) \_\_\_\_\_
  - Electronic Media (*CD, DVD, etc.*) \_\_\_\_\_
  - Food/Drink \_\_\_\_\_
  - Jewelry \_\_\_\_\_
  - Keys/Keychain \_\_\_\_\_
  - Money \_\_\_\_\_
  - Personal Papers/Journal/Datebook \_\_\_\_\_
  - Photograph \_\_\_\_\_
  - Purse/Wallet \_\_\_\_\_
  - Telephone/Answering Machine \_\_\_\_\_
  - Vehicle (*see question 86*) \_\_\_\_\_
  - Weapon \_\_\_\_\_
  - Other (*specify*) \_\_\_\_\_

## VICTIM RELEASE/RECOVERY

**80. End of Contact:** How did the victim/offender contact end (*check all that apply*)?

- 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

**81. Victim Positioned:** Was the victim intentionally posed or displayed in an unusual or unnatural manner?

- Yes (*describe*) \_\_\_\_\_
- No
- Unknown



**82. Victim Release and Recovery** (*check all that apply and describe*):

- As Skeletal Remains \_\_\_\_\_
- Buried \_\_\_\_\_
- Concealed, Hidden, or Placed to Prevent or Delay Discovery \_\_\_\_\_
- Covered
  - Completely \_\_\_\_\_
  - Partially \_\_\_\_\_
  - Face Only \_\_\_\_\_
- In Water
  - Weighted Down \_\_\_\_\_
  - Not Weighted Down \_\_\_\_\_
- In a Bag \_\_\_\_\_
- In a Bathtub/Shower \_\_\_\_\_
- In a Container/Box/Dumpster \_\_\_\_\_
- In a Remote Area \_\_\_\_\_
- In a Vehicle \_\_\_\_\_
- Indoors \_\_\_\_\_
- Openly Placed to Ensure Discovery \_\_\_\_\_
- Outdoors \_\_\_\_\_
- Wrapped \_\_\_\_\_

**83. Victim Clothing:** Clothing on Victim-post-assault (*select one*):

- Fully Dressed
- Partially Dressed (*describe*) \_\_\_\_\_
- Completely Nude
- Unknown

**84. Victim Redressed:** Is there evidence to suggest the victim was redressed by the offender?

- Yes (*describe*) \_\_\_\_\_
- No
- Unknown

**85. Offender Returned to Site:** Is there any indication that the offender returned to the victim release/recovery site after the offense?

- Yes (*describe*) \_\_\_\_\_
- No
- Unknown

# VEHICLE

*NOTE: If your incident has multiple vehicles, photocopy the vehicle section of this form and provide separate information for each vehicle.*

## 86. Vehicle Information

**A. Vehicle Used:** Was a vehicle known or suspected to have been used in this incident, and/or was the offender known to have access to other vehicles?

Yes (*complete the questions below*)

No

Unknown

## B. Vehicle Description

License Plate Number \_\_\_\_\_

License State/Province \_\_\_\_\_ License Country \_\_\_\_\_

Vehicle Year (*or estimated range*) \_\_\_\_\_ to \_\_\_\_\_

Vehicle Make \_\_\_\_\_

Vehicle Model \_\_\_\_\_

Vehicle Identification Number (VIN) \_\_\_\_\_

Body Style (*select one*):

Bike/Moped

Motorcycle

Passenger Car

Pick-Up Truck

RV/Motor Home

Sport Utility

Station Wagon

Tractor-Trailer

Van

Other (*specify*) \_\_\_\_\_

Unknown

Vehicle Color (*select one*):

Black \_\_\_\_\_

Blue \_\_\_\_\_

Bronze \_\_\_\_\_

Brown \_\_\_\_\_

Burgundy \_\_\_\_\_

Camouflage \_\_\_\_\_

Chrome, Stainless Steel \_\_\_\_\_

Copper \_\_\_\_\_

Cream, Ivory \_\_\_\_\_

Dark \_\_\_\_\_

Gold \_\_\_\_\_

Gray \_\_\_\_\_

Green \_\_\_\_\_

Light \_\_\_\_\_

Maroon \_\_\_\_\_

Multicolored \_\_\_\_\_

Orange \_\_\_\_\_

Pink \_\_\_\_\_

Purple \_\_\_\_\_

Red \_\_\_\_\_

Silver \_\_\_\_\_

Tan or Beige \_\_\_\_\_

Taupe \_\_\_\_\_

Teal \_\_\_\_\_

White \_\_\_\_\_

Yellow \_\_\_\_\_

Other (*describe*) \_\_\_\_\_

**C. Distinctive Features:** Distinctive features of vehicle, *if any*:

---

---

---

---

**D. Vehicle Status** (check all that apply):

- Owned by Offender (specify offender #/name) \_\_\_\_\_
- Owned by Victim (specify victim #/name) \_\_\_\_\_
- Ownership Unknown
- Borrowed from (specify name/relationship) \_\_\_\_\_
- Rented from (specify company) \_\_\_\_\_

- Stolen - Not Recovered
  - Stolen Date \_\_\_\_\_
  - Owner Name \_\_\_\_\_
  - Stolen from Address \_\_\_\_\_
  - City \_\_\_\_\_
  - County \_\_\_\_\_
  - State/Province \_\_\_\_\_
  - Zip Code \_\_\_\_\_
  - Country \_\_\_\_\_

- Stolen - Recovered
  - Stolen Date \_\_\_\_\_
  - Owner Name \_\_\_\_\_
  - Stolen from Address \_\_\_\_\_
  - City \_\_\_\_\_
  - County \_\_\_\_\_
  - State/Province \_\_\_\_\_
  - Zip Code \_\_\_\_\_
  - Country \_\_\_\_\_
  - Recovered Date \_\_\_\_\_
  - Recovered at Address \_\_\_\_\_
  - City \_\_\_\_\_
  - County \_\_\_\_\_
  - State/Province \_\_\_\_\_
  - Zip Code \_\_\_\_\_
  - Country \_\_\_\_\_

- Stolen - Recovery Status Unknown
  - Stolen Date \_\_\_\_\_
  - Owner Name \_\_\_\_\_
  - Stolen from Address \_\_\_\_\_
  - City \_\_\_\_\_
  - County \_\_\_\_\_
  - State/Province \_\_\_\_\_
  - Zip Code \_\_\_\_\_
  - Country \_\_\_\_\_

**E. Vehicle Involvement:** How was the vehicle involved (check all that apply)?

- Transported offender(s) during this incident
- Transported victim(s) during this incident
- As a crime scene
- Not involved in this incident but offender(s) has access to it
- Unknown



## SIMILAR CASES

NOTES: 1) An agency name or ViCAP number is required for each similar/linked case. 2) Photocopy and attach additional sheets if necessary.

### 88. Similar/Linked Cases

(1)

ViCAP Number \_\_\_\_\_ Agency Name \_\_\_\_\_  
State/Province \_\_\_\_\_ Country \_\_\_\_\_  
Case Number \_\_\_\_\_  
Investigator Name \_\_\_\_\_ Telephone Number \_\_\_\_\_  
Victim's Full Name \_\_\_\_\_

Case Type (*select one*):

- |   |   |
|---|---|
| <input type="checkbox"/> Homicide - Victim Identified | <input type="checkbox"/> Missing Person                           |
| <input type="checkbox"/> Attempted Homicide           | <input type="checkbox"/> Unidentified Human Remains               |
| <input type="checkbox"/> Sexual Assault               | <input type="checkbox"/> Other Case Type ( <i>specify</i> ) _____ |

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

- Yes (*provide details in the Narrative, Q#9*)
- Physical Evidence
  - Corroborated Confession
  - Conviction
- No
- Unknown

(2)

ViCAP Number \_\_\_\_\_ Agency Name \_\_\_\_\_  
State/Province \_\_\_\_\_ Country \_\_\_\_\_  
Case Number \_\_\_\_\_  
Investigator Name \_\_\_\_\_ Telephone Number \_\_\_\_\_  
Victim's Full Name \_\_\_\_\_

Case Type (*select one*):

- |   |   |
|---|---|
| <input type="checkbox"/> Homicide - Victim Identified | <input type="checkbox"/> Missing Person                           |
| <input type="checkbox"/> Attempted Homicide           | <input type="checkbox"/> Unidentified Human Remains               |
| <input type="checkbox"/> Sexual Assault               | <input type="checkbox"/> Other Case Type ( <i>specify</i> ) _____ |

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

- Yes (*provide details in the Narrative, Q#9*)
- Physical Evidence
  - Corroborated Confession
  - Conviction
- No
- Unknown

# ADDENDUM

*NOTE: Photocopy and attach additional pages for each individual/category selected below.*

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** (*select one*):

- |   |  |
|---|--|
| <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 ( <i>specify</i> ) _____                                 |
| <input type="checkbox"/> Coroner/Medical Examiner | <input type="checkbox"/> Specialist ( <i>e.g., odontologist</i> ) ( <i>specify</i> ) _____ |
| <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 ( <i>specify</i> ) _____                                    |
| <input type="checkbox"/> Neighbor                 |  |

Business/Agency Name \_\_\_\_\_  
Title-First/Middle/Last Name-Suffix \_\_\_\_\_  
Alias/Nickname \_\_\_\_\_  
Telephone Number \_\_\_\_\_  
Email Address \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ County \_\_\_\_\_ State/Province \_\_\_\_\_  
Zip Code \_\_\_\_\_ Country \_\_\_\_\_  
Social Security Number(s) \_\_\_\_\_  
Date(s) of Birth (*mm/dd/yyyy*) \_\_\_\_\_  
FBI Number \_\_\_\_\_

**Remarks:**

---

---

---

---

---

---

---

---

---

---

