**U.S. Department of Justice**

**Federal Bureau of Investigation**

**FD-676 (Rev. 04/19/2022)**

**OMB No. 1110-0011 (exp. TBD)**

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**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**

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**Mailing Address: FBI Academy, CIRG/BAU-4/ViCAP, Quantico, VA 22135**

**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. ViCAP’s services and ViCAP Database access are provided at no cost to law enforcement agencies.

**ViCAP National Crime Database: Electronic Submission**

ViCAP’s National Crime Database (ViCAP) 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 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, contact FBI ViCAP and request the analyst assigned to your state, or visit the ViCAP JusticeConnect page 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.

• 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.

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**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 users (*select one*)?

Yes

No

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

Open-Active  Closed-By Arrest

Open-Inactive/Suspended  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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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.*

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

**NARRATIVE**

**9. Narrative:** Provide a short, concise, comprehensive summary of this case. Include details important for case comparison purposes, especially those pertaining to M.O. or unique aspects of the crime. Do not enter an entire, lengthy police report into the Narrative; the report can be uploaded in ViCAP as an attachment.

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

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**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** |
| **Date (*or range*)**  **MM/DD/YYYY** |  |  |  |  |
| **Military Time (*or range*)**  **HH:MM** |  |  |  |  |
| **Location Name**  **(*e.g., Pat’s Pub*)** |  |  |  |  |
| **Street Address** |  |  |  |  |
| **City** |  |  |  |  |
| **County** |  |  |  |  |
| **State/Province** |  |  |  |  |
| **Zip Code** |  |  |  |  |
| **Country** |  |  |  |  |
| **District/Division/Beat** |  |  |  |  |
| **Latitude/Longitude** |  |  |  |  |
| **Event Site(s)**  ***See next page for selections*** |  |  |  |  |

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 *(apt.)* 7. Transient/Temporary Quarters

2. Offender's Residence 5. Rest/Nursing Home 8. Other Living Quarters (*specify*)

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 (*specify*)

**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 (*specify*)

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 (*specify)*

**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 (*specify*) 60. Dock/Boat Ramp 73. River 86. Other Water Location (*specify*)

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  Native Hawaiian or Other Pacific Islander

Asian  White

Black or African American  Other (*describe*)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hispanic or Latino  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  Gray  Purple  Other (*describe*)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Blonde  Green  Red  Unknown

Blue  Orange  Sandy

Brown  Pink  White

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

Bald/Shaved  Shoulder Length

Balding/Receding  Longer than Shoulder Length

Shorter than Collar Length  Other (*describe*)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Collar Length  Unknown

**18. Eye Color** (*check all that apply*):

Black  Green

Blue  Hazel

Brown  Other (*describe*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Gray  Unknown

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

None  Unshaven/Stubble

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

Goatee  Unknown

Mustache

**20. Characteristics of Teeth** (*check all that apply and indicate tooth number and additional information, if known*):  Dental Records/X-Rays Available  Gaps \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

No Dental Work  Gold/Silver \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Braces\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Missing (*some or all*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Bridge\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Overbite/Protrusion\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Broken/Chipped\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_  Restorations (*fillings, caps, etc.*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Buck Teeth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Stained \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Crooked \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Underbite \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Dentures/Partial Plate\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  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**  ***\*see below for selections*** | **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*):

Agriculture (*farmer, rancher…*)  Hotel/Motel

Animal Care (*pet groomer, veterinarian...*)  Insurance

Athletics (*athlete, coach…*)  Jeweler/Coin Dealer

Automotive (*sales, mechanic, detailer...*)  Landlord/Property Manager

Aviation (*pilot, flight attendant, airline industry…*)  Landscaper (*groundskeeper, gardener…*)

Banking/Finance (*accountant, bank teller…*)  Law Enforcement

Bar/Nightclub (*bartender, bouncer…*)  Legal Profession (*lawyer, judge, paralegal…*)

Business Administration (*executive, manager…*)  Liquor Sales

Child Care  Maintenance - Mechanical (*appliance repair…*)

Clergy (*priest, minister, nun…*)  Manufacturing (*assembly plant worker…*)

Computer/Information Technician  Migrant Worker

Construction/Laborer (*painter, welder, roofer…*)  Military

Consultant  News Media (*anchor person, journalist, editor…*)

Convenience Store  Office Worker (*secretary, receptionist, admin asst.…*)

Criminal (*hit man, thief…*)  Oil Field/Miner

Custodial Worker (*janitor, bldg maintenance, maid…*)  Pawn Shop

Driver - Bus (*school, transit…*)  Pimp

Driver - Delivery (*food/merchandise delivery…*)  Prostitution

Driver - Taxi  Protective Services (*security, body guard…*)

Driver - Truck  Public Utility (*electric/water/gas/cable/telephone…*)

Driver - Other (*chauffeur…*)  Radio/TV (*on-air personality, producer…*)

Drug Sales (*illegal*)  Railroad Worker

Educator (*teacher, administrator, professor, tutor…*)  Real Estate

Electronics (*maintenance, repair…*)  Restaurant/Food Service

Entertainment (*actor, musician, clown…*)  Retired

Escort Service  Sales - Retail (*merchandise sales, cashier…*)

Exotic Dancer/Stripper  Sales - Traveling (*door-to-door salesman…*)

Fair/Carnival  Sales - Other

Fast Food  Salon/Spa Worker (*hairstylist, masseuse…*)

Fisherman  Self-employed

Gambling (*legal or illegal*)  Service Industry (*florist, dry cleaner, travel agent…*)

Gas Station  Social Science (*social worker, counselor…*)

Government Employee (*non-military*)  Student

Grocery Store  Unemployed

Gun Dealer  Other (*describe*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Health Services (*pharmacist, nurse, doctor, dentist…*)  Unknown

Homemaker

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

Alcohol Abuser  Mentally Ill (*describe*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Bisexual  Physically Disabled (*describe)*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child (17 *years or younger*)  Pimp

Child Molester/Pedophile  Promiscuous

Criminal Activity (*describe*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Prostitute

Drug User/Seller  Recluse/Loner

Elderly  Registered Sex Offender

Gambler  Retired

Habitual Offender  Runaway

Heterosexual  Student

Hitchhiker  Transgender

Homeless/Street Person  Transient/Drifter

Homosexual  Transvestite/Crossdresser

Illegal Alien  Other (*describe*)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mentally Disabled (*describe*)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  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  Native Hawaiian or Other Pacific Islander

Asian  White

Black or African American  Other (*describe*)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hispanic or Latino  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  Gray  Purple  Other (*describe*)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Blonde  Green  Red  Unknown

Blue  Orange  Sandy

Brown  Pink  White

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

Bald/Shaved  Shoulder Length

Balding/Receding  Longer than Shoulder Length

Shorter than Collar Length  Other (*describe*)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Collar Length  Unknown

**35. Eye Color** (*check all that apply*):

Black  Green

Blue  Hazel

Brown  Other (*describe*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Gray  Unknown

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

None  Unshaven/Stubble

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

Goatee  Unknown

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**  ***\*see below for selections*** | **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*):

Agriculture (*farmer, rancher…*)  Hotel/Motel

Animal Care (*pet groomer, veterinarian...*)  Insurance

Athletics (*athlete, coach…*)  Jeweler/Coin Dealer

Automotive (*sales, mechanic, detailer...*)  Landlord/Property Manager

Aviation (*pilot, flight attendant, airline industry…*)  Landscaper (*groundskeeper, gardener…*)

Banking/Finance (*accountant, bank teller…*)  Law Enforcement

Bar/Nightclub (*bartender, bouncer…*)  Legal Profession (*lawyer, judge, paralegal…*)

Business Administration (*executive, manager…*)  Liquor Sales

Child Care  Maintenance - Mechanical (*appliance repair…*)

Clergy (*priest, minister, nun…*)  Manufacturing (*assembly plant worker…*)

Computer/Information Technician  Migrant Worker

Construction/Laborer (*painter, welder, roofer…*)  Military

Consultant  News Media (*anchor person, journalist, editor…*)

Convenience Store  Office Worker (*secretary, receptionist, admin asst.…*)

Criminal (*hit man, thief…*)  Oil Field/Miner

Custodial Worker (*janitor, bldg maintenance, maid…*)  Pawn Shop

Driver - Bus (*school, transit…*)  Pimp

Driver - Delivery (*food/merchandise delivery…*)  Prostitution

Driver - Taxi  Protective Services (*security, body guard…*)

Driver - Truck  Public Utility (*electric/water/gas/cable/telephone…*)

Driver - Other (*chauffeur…*)  Radio/TV (*on-air personality, producer…*)

Drug Sales (*illegal*)  Railroad Worker

Educator (*teacher, administrator, professor, tutor…*)  Real Estate

Electronics (*maintenance, repair…*)  Restaurant/Food Service

Entertainment (*actor, musician, clown…*)  Retired

Escort Service  Sales - Retail (*merchandise sales, cashier…*)

Exotic Dancer/Stripper  Sales - Traveling (*door-to-door salesman…*)

Fair/Carnival  Sales - Other

Fast Food  Salon/Spa Worker (*hairstylist, masseuse…*)

Fisherman  Self-employed

Gambling (*legal or illegal*)  Service Industry (*florist, dry cleaner, travel agent…*)

Gas Station  Social Science (*social worker, counselor…*)

Government Employee (*non-military*)  Student

Grocery Store  Unemployed

Gun Dealer  Other (*describe*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Health Services (*pharmacist, nurse, doctor, dentist…*)  Unknown

Homemaker

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

Alcohol Abuser  Mentally Ill (*describe*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Bisexual  Physically Disabled (*describe*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child (17 *years or younger*)  Pimp

Child Molester/Pedophile  Promiscuous

Criminal Activity (*describe*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Prostitute

Drug User/Seller  Recluse/Loner

Elderly  Registered Sex Offender

Gambler  Retired

Habitual Offender  Runaway

Heterosexual  Student

Hitchhiker  Transgender

Homeless/Street Person  Transient/Drifter

Homosexual  Transvestite/Crossdresser

Illegal Alien  Other (*describe*)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mentally Disabled (*describe*)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  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**  ***\*see below for selections*** | **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** |
| Audio  Image  Text  Video  Other  Unknown |  | Adult  Child  Unknown | Male  Female  Both  Unknown | Sexual Non-Violent  Sexual Violent  Non-Sexual  Unknown | Commercial  Homemade  Unknown |
| Audio  Image  Text  Video  Other  Unknown |  | Adult  Child  Unknown | Male  Female  Both  Unknown | Sexual Non-Violent  Sexual Violent  Non-Sexual  Unknown | Commercial  Homemade  Unknown |
| Audio  Image  Text  Video  Other  Unknown |  | Adult  Child  Unknown | Male  Female  Both  Unknown | Sexual Non-Violent  Sexual Violent  Non-Sexual  Unknown | Commercial  Homemade  Unknown |

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

Bestiality  Necrophilia

Bondage Practitioner  Sadism

Exhibitionist  Voyeurism

Group Sex Practitioner  Other (*describe*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Incest  Unknown

Masochism

**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**  *(mm/dd/yyyy)* | **Date To**  *(mm/dd/yyyy)* | **Street Address, City, County, State/Province, Zip Code, Country** | **Location**  **Description** | **Purpose** |
|  |  |  |  | Employed  Resided  Visited  In Custody  In Military *(Branch \_\_\_\_\_\_\_*\_\_)  Unknown |
|  |  |  |  | Employed  Resided  Visited  In Custody  In Military *(Branch \_\_\_\_\_\_\_*\_\_)  Unknown |
|  |  |  |  | Employed  Resided  Visited  In Custody  In Military *(Branch \_\_\_\_\_\_\_*\_\_)  Unknown |
|  |  |  |  | Employed  Resided  Visited  In Custody  In Military *(Branch \_\_\_\_\_\_\_*\_\_)  Unknown |
|  |  |  |  | Employed  Resided  Visited  In Custody  In Military *(Branch \_\_\_\_\_\_\_*\_\_)  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

**TRAUMA**

**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*):

None  Breast(s)/Nipple(s)  Genitalia/Groin  Leg(s)

Anus/Buttock(s)  Chest/Abdomen  Hand(s)  Neck/Throat

Arm(s)  Face  Head  Unknown

Back  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:**

Anus/Buttock(s)  Ear(s)  Hand(s)  Neck/Throat

Arm(s)  Face  Head  Nose

Back  Foot/Feet  Leg(s)  Tongue

Breast(s)/Nipple(s)  Genitalia/Groin  Lips(s)  Unknown

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**  ***\*see below for selections*** | **Body Part Removed Description** | **Recovery Location** |
|  |  | Not Recovered  Recovered at Scene  Recovered Elsewhere\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unknown |
|  |  | Not Recovered  Recovered at Scene  Recovered Elsewhere\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  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):*

Bitten  Cut/Sawed

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

Hacked/Chopped  Unknown

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**  ***\*see below for selections*** | **Weapon Type**  ***\*see below for selections*** | **Weapon Description** | **Weapon Selection** | **Weapon Recovery** |
|  |  |  | Brought to Scene  Found at Scene  Unknown | Not Recovered  Recovered at Scene  Recovered Elsewhere\_\_\_\_\_\_\_\_\_\_  Unknown |
|  |  |  | Brought to Scene  Found at Scene  Unknown | Not Recovered  Recovered at Scene  Recovered Elsewhere\_\_\_\_\_\_\_\_\_\_  Unknown |
|  |  |  | Brought to Scene  Found at Scene  Unknown | Not Recovered  Recovered at Scene  Recovered Elsewhere\_\_\_\_\_\_\_\_\_\_  Unknown |

|  |  |
| --- | --- |
| **Weapon Category** | **Weapon Type** |
| **Asphyxial Device** | Clothing, Linens, Pillow, Plastic Bag, Tape, Unspecified Asphyxial Device, Other Asphyxial Device (*specify*) |
| **Bludgeon/Club** | Baseball Bat, Bottle, Concrete Block/Brick, Fireplace Tool, Hammer, Pipe, Rock, Shovel, Tire Iron, Unspecified Bludgeon/Club, Other Bludgeon/Club (*specify*) |
| **Drug** | Cocaine, Tranquilizers, Valium, Unspecified Drug, Other Drug (*specify*) |
| **Explosive Device** |  |
| **Fire/Accelerant** | Fire, Alcohol, Gasoline/Fuel, Lighter Fluid, Unspecified Fire/Accelerant, Other Fire/Accelerant (*specify*) |
| **Firearm** |  |
| **Ligature** | Clothing, Electrical/Phone Cord, Linens, Rope/Cordage, Wire/Coathanger, Unspecified Ligature, Other Ligature (*specify*) |
| **Pepper Spray** |  |
| **Poison** | Arsenic, Cyanide, Strychnine, Thallium, Unspecified Poison, Other Poison (*specify*) |
| **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 (*specify*) |
| **Stun Gun (*e.g., Taser*)** |  |
| **Vehicle (*see Vehicle, Page 30)*** |  |
| **Other Weapon *(specify)*** |  |
| **Unknown** |  |

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Firearm Type** | **Firearm Make** | **Cartridge/Caliber**  **or Gauge** | **Pellet Size** | **# Lands/Grooves** | **Direction**  **of Twist** |
| Handgun  Shotgun  Rifle  Other  Unknown |  |  |  |  |  |
| Handgun  Shotgun  Rifle  Other  Unknown |  |  |  |  |  |

**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**   **Offender Performed Oral Sex on Victim**

Penile  Anus

Digital  Penis

Hand/Fist  Vagina

Unknown

**Vaginal Penetration**  **Victim Performed Oral Sex on Offender**

Penile  Anus

Digital  Penis

Hand/Fist  Vagina

Unknown

**Masturbation**  **Other Sexual Acts**

Offender Masturbated Victim  Inserted a Foreign Object (*other than a body part*)

Offender Masturbated Self  Fondled/Groped/Hugged

Victim Masturbated Offender  Forced Victim to Swallow Semen

Victim Masturbated Self  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** |
| Anus \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Mouth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Vagina\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Other *(specify)\_*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | Yes  No  Unknown |
| Anus \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Mouth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Vagina\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Other *(specify)\_*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | Yes  No  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**  ***\*see below for selections*** | **Binding Article**  **Type**  ***\*see below for selections*** | **Binding Article Description** | **Body Part Bound** | **Bindings Selection** | **Bindings**  **Recovery** |
|  |  |  | Hands, Wrists, or Arms  Feet, Ankles, or Legs  Hands Bound to Feet  Arms Bound to Torso  Other (*specify*)\_\_\_\_\_\_\_  Unknown | Brought to Scene  Found at Scene  Unknown | Left at Scene (*not on victim*)  Left on Victim  Taken from Scene  Unknown |
|  |  |  | Hands, Wrists, or Arms  Feet, Ankles, or Legs  Hands Bound to Feet  Arms Bound to Torso  Other (*specify*)\_\_\_\_\_\_\_  Unknown | Brought to Scene  Found at Scene  Unknown | Left at Scene (*not on victim*)  Left on Victim  Taken from Scene  Unknown |
|  |  |  | Hands, Wrists, or Arms  Feet, Ankles, or Legs  Hands Bound to Feet  Arms Bound to Torso  Other (*specify*)\_\_\_\_\_\_\_  Unknown | Brought to Scene  Found at Scene  Unknown | Left at Scene (*not on victim*)  Left on Victim  Taken from Scene  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 (*specify*) |
| **Coathanger/Wire (*non-electrical*)** |  |
| **Electrical Cord/Phone Cord** |  |
| **Flexcuffs/Plastic Ties** |  |
| **Handcuffs** |  |
| **Linens** | Bedsheet, Blanket, Pillowcase, Rag/Cloth, Towel/Washcloth, Unspecified Linens, Other Linens (*specify*) |
| **Rope/Cordage** | Rope, Bungee Cord, Clothesline, Dog Leash, Twine/String, Window Blinds Cord, Unspecified Rope/Cordage, Other Rope/Cordage (*specify*) |
| **Tape** | Duct, Electrical, Masking, Medical, Packaging, Unspecified Tape, Other Tape (*specify*) |
| **Other Binding Article (*specify*)** |  |
| **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 #** |
| Passive  Physical  Verbal | Ceased the Demand  Compromised or Negotiated  Escalated Force  Fled  Ignored  Used Force  Used Threat  Other *(describe)*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unknown | Offender #\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Passive  Physical  Verbal | Ceased the Demand  Compromised or Negotiated  Escalated Force  Fled  Ignored  Used Force  Used Threat  Other *(describe)*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  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**  ***\*see below for selections*** | **Writing/Drawing**  **Description** | **Writing Tool and Description**  ***\*see below for selections*** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**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  Station Wagon

Motorcycle  Tractor-Trailer

Passenger Car  Van

Pick-Up Truck  Other *(specify)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RV/Motor Home  Unknown

Sport Utility

Vehicle Color *(select one):*

Black \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Maroon \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Blue \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Multicolored \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Bronze \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Orange\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Brown \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Pink \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Burgundy\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Purple \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Camouflage \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Red \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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

Dark\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Teal\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gold\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  White\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gray\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Yellow\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Light\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Recovered Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Owner Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Recovered at Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Stolen from Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

County \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State/Province \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Zip Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Country\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**FORENSIC/PHYSICAL EVIDENCE**

*NOTE: If your incident has multiple offenders/victims, photocopy the Suspect/Known Offender/Victim Forensic Evidence section of this form, and provide separate information for each offender/victim.*

**87. Forensic/Physical Evidence:** Indicate all forensic/physical evidence items pertaining to this case that may be suitable for comparison:

1. **Forensic Unknown/Crime Scene Evidence**

|  |  |
| --- | --- |
| Forensic Unknown/Crime Scene DNA Collected  Yes  No  Unknown | Forensic Unknown/Crime Scene DNA Status  CODIS ID # \_\_\_\_\_\_\_\_\_\_  LDIS (Local)  SDIS (State)  NDIS (National)  Pending  Available (Not In CODIS) Sample # \_\_\_\_\_\_\_\_\_\_  Unknown |
| Forensic Unknown/Crime Scene DNA Profile  Complete STR  Partial STR  Y-STR  mtDNA  Pending  Unknown | Forensic Unknown/Crime Scene DNA Processed  Local Lab (Name)  State Lab (Name)  FBI Lab  Other/Private Lab (Name)  Unknown |
| Familial State DNA DB Search Conducted  Yes  No  Not Permitted by State Law  Most Recent Date Searched: | Forensic Unknown/Crime Scene Forensic  Genetic Genealogy (FGG) Submitted  Yes. Status (describe)  No  Date of Submission: \_\_\_\_\_\_\_\_\_\_ |
| Forensic Unknown/Crime Scene Fingerprints  None  NGI  Local/State  Other (describe)  Insufficient quality for processing  Unknown |  |

1. **Suspect/Known Offender Forensic Evidence**

|  |  |
| --- | --- |
| Suspect/Known Offender DNA Collected  Yes  No  Unknown | Suspect/Known Offender DNA Status  CODIS ID # \_\_\_\_\_\_\_\_\_\_  LDIS (Local)  SDIS (State)  NDIS (National)  Pending  Available (Not In CODIS) Sample # \_\_\_\_\_\_\_\_\_\_  Unknown |
| Suspect/Known Offender DNA Profile  Complete STR  Partial STR  Y-STR  mtDNA  Pending  Unknown |  |
| Suspect/Known Offender Fingerprints  None  NGI  Local/State  Other (describe)  Insufficient quality for processing  Unknown |  |

1. **Victim Forensic Evidence**

|  |  |
| --- | --- |
| Victim DNA Collected  Yes  No  Unknown | Victim DNA Status  CODIS ID # \_\_\_\_\_\_\_\_\_\_  LDIS (Local)  SDIS (State)  NDIS (National)  Pending  Available (Not In CODIS) Sample # \_\_\_\_\_\_\_\_\_\_  Unknown |
| Victim DNA Profile  Complete STR  Partial STR  Y-STR  mtDNA  Pending  Unknown |  |
| Victim Fingerprints  None  NGI  Local/State  Other (describe)  Insufficient quality for processing  Unknown |  |

*Note: Completion of the Family Reference DNA section is required for missing person cases* ***ONLY.***

|  |  |
| --- | --- |
| Family Reference Sample  Yes  No  Unknown | Family Reference DNA Status  CODIS ID # \_\_\_\_\_\_\_\_\_\_  LDIS (Local)  SDIS (State)  NDIS (National)  Pending  Available (Not In CODIS) Sample # \_\_\_\_\_\_\_\_\_\_  Unknown |
| Family Reference DNA Profile  Complete STR  Partial STR  Y-STR  mtDNA  Pending  Unknown | Victim Forensic Genetic Genealogy (FGG) Submitted  Yes. Status (describe) \_\_\_\_\_\_\_\_\_\_  No  Date of Submission: \_\_\_\_\_\_\_\_\_\_ |

1. **Other Forensic Evidence**

|  |
| --- |
| Projectiles/Casings    None  Available  Submitted to NIBIN  Status Unknown |

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

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

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

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

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

**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):*

Homicide - Victim Identified  Missing Person

Attempted Homicide  Unidentified Human Remains

Sexual Assault  Other Case Type *(specify)*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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):*

Homicide - Victim Identified  Missing Person

Attempted Homicide  Unidentified Human Remains

Sexual Assault  Other Case Type *(specify)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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):*

Acquaintance  Person of Interest

Associate  Roommate

Boyfriend/Girlfriend  Relative *(specify)*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Coroner/Medical Examiner  Specialist *(e.g., odontologist) (specify)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Co-Worker  Spouse

Employee  Tips Caller

Employer  Witness

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

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:**

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### ATTACHMENTS

The ViCAP application supports the upload of text documents, electronic images, and other files (*e.g., Microsoft Office files, small video clips*). Each attachment cannot exceed 100 MB in size, and only files with these extensions can be accepted: .AVI, .BMP, .DOC, .DOCX, .GIF, .HTM, .HTML, .JPEG, .JPG, .MOV, .MP3, .MPEG, .MPG, .ODP, .ODS, .ODT, .PDF, .PNG, .PPT, .PPTX, .RTF, .TXT, .WAV, .WMV, .WPD, .XLS, .XLSX.

Attachments should be submitted in electronic format, if possible. If only hard copies are available, attach them to this form and indicate that you would like them scanned and uploaded for you.

Examples of appropriate attachments include items such as suspect/offender photos, timelines, crime scene photos, autopsy reports and photos, composites, facial reconstructions, bulletins, and vehicle photos.

### SUPPLEMENTAL INFORMATION

If at any point during the completion of this form, you were unable to include all pertinent information, please include that information in the table below. Indicate the question number and the question topic, then enter the information as free text. This information will be added to the appropriate question when the case is entered into ViCAP.

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| **Question #** | **Topic** | **Supplemental Information** |
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