

# Personal Threat Description of Offender Check Sheet



THE UNIVERSITY  
of ADELAIDE

## NOTES FOR COMPILATION

- Separate form required for each offender.
- To be compiled immediately after incident by each staff member and witnesses.
- Please tick/circle/complete as applicable.
- Do not consult others during compilation.
- Senior officer to collect forms and hand to police.

## PERSONAL DESCRIPTION OF OFFENDER

Name or Nicknames used

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Approximate Age

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Height

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<b>Complexion</b>	Fair	Ruddy
	Fresh	Pale
	Pimpley	Suntanned
	Dark	

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<b>Accent</b>	Yes	No
	Type	

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<b>Posture</b>	Erect	Normal	Stooped
	Quick	Springy	Slow
	Limp		

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<b>Walk</b>	Quick	Springy	Slow
	Limp		

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<b>Hair</b>	Colour		
	Straight	Curly	Crewcut
	Wavy	Thick	
	Balf	Long	

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<b>Eyes</b>	Colour
	Shape

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<b>Nose</b>	Size
	Shape

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<b>Lips</b>	Size
	Shape

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<b>Teeth</b>	Good	Spaced	Bad
	Uneven	Missing	Protruding
	Other		

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**Clothing** Type, colour, make, over/under sized, footwear, headwear, bag etc

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**Peircings**

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**Ethnic Origin**

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**Weight**

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**Disguise**

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<b>Sex</b>	Male	Female

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<b>Build</b>	Thin	Medium	Large
	Large		

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<b>Voice</b>	Clear	Loud	Thick

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<b>Spectacles</b>	Glasses	Sunglasses

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<b>Facial Hair</b>	Unshaven	Moustache	Beard

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<b>Hands</b>	Size		
	Calloused	Soft	Hairy

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<b>Fingers</b>	Missing	Deformed

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<b>Gloves</b>	Type
	Colour

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**Jewellery**

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<b>Scars/Marks</b>	Tattoos	Scars

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<b>Discolouration</b>	Other
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**Weapon Type**

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**Method of Escape**

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**Direction of Escape**

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**Vehicle Make**

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**Model**

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<b>Registration Number</b>	<b>Year</b>
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**Colour**

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**Description**

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**Number of Occupants**

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**Any other information**

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Description of what the offender did, said, touched etc

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**Name:** (print) \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Date:** \_\_\_\_\_