



Office of  
Crime Prevention

# ARMED ROBBERY REPORT



- Call police on 131 444 or 000 to report an armed robbery.
- Seal the crime scene immediately.
- Preserve evidence.
- Don't discuss the incident with anyone present.
- Record the contact details of witnesses who are unable to await the arrival of the police.

Date of incident \_\_\_\_\_ Time of incident \_\_\_\_\_  AM  PM

Business name \_\_\_\_\_

Business address \_\_\_\_\_

CCTV available?  Yes  No

Your name \_\_\_\_\_ Your telephone number \_\_\_\_\_

Your home address \_\_\_\_\_

Work position \_\_\_\_\_

You should ask any witnesses who were present to wait until the police arrive. If they are unable to wait, record their contact details below:

WITNESS 1	WITNESS 2
Witness's name _____	Witness's name _____
Home address _____	Home address _____
Telephone _____	Telephone _____

## DESCRIPTION OF OFFENDER Please tick appropriate boxes - if more than one robber, use more than one form

Description - tick box as appropriate

Gender	<input type="checkbox"/> Adult M	<input type="checkbox"/> Adult F	<input type="checkbox"/> Juvenile M	<input type="checkbox"/> Juvenile F	<input type="checkbox"/>	
Appearance	<input type="checkbox"/> Asian	<input type="checkbox"/> Aboriginal	<input type="checkbox"/> African	<input type="checkbox"/> Caucasian	<input type="checkbox"/> Other	
Age	<input type="checkbox"/> < 10	<input type="checkbox"/> 10-20	<input type="checkbox"/> 20-30	<input type="checkbox"/> 30-40	<input type="checkbox"/> 40-50	<input type="checkbox"/> 50-60 <input type="checkbox"/> 60>
Height (cm)	<input type="checkbox"/> <150	<input type="checkbox"/> 150-160	<input type="checkbox"/> 161-170	<input type="checkbox"/> 171-180	<input type="checkbox"/> 181-190	<input type="checkbox"/> 190>
Hair colour	<input type="checkbox"/> Blonde	<input type="checkbox"/> Brown	<input type="checkbox"/> Black	<input type="checkbox"/> Grey	<input type="checkbox"/> Red	<input type="checkbox"/> Other
Hair length	<input type="checkbox"/> Bald	<input type="checkbox"/> Short	<input type="checkbox"/> Collar	<input type="checkbox"/> Shoulder	<input type="checkbox"/> Long	<input type="checkbox"/> Other
Hair type	<input type="checkbox"/> Straight	<input type="checkbox"/> Curly	<input type="checkbox"/> Wavy	<input type="checkbox"/> Tied back	<input type="checkbox"/> Mullet	<input type="checkbox"/> Other
Build	<input type="checkbox"/> Slim	<input type="checkbox"/> Medium	<input type="checkbox"/> Solid	<input type="checkbox"/> Obese	<input type="checkbox"/> Other	
Complexion	<input type="checkbox"/> Dark	<input type="checkbox"/> Fair	<input type="checkbox"/> Olive	<input type="checkbox"/> Other		
Eye colour	<input type="checkbox"/> Blue	<input type="checkbox"/> Brown	<input type="checkbox"/> Green	<input type="checkbox"/> Hazel	<input type="checkbox"/> Grey	<input type="checkbox"/> Other
Facial hair	<input type="checkbox"/> Beard	<input type="checkbox"/> Goatee	<input type="checkbox"/> Moustache	<input type="checkbox"/> Sideburns	<input type="checkbox"/> Other	
Features	<input type="checkbox"/> Scars	<input type="checkbox"/> Tattoos	<input type="checkbox"/> Birthmarks	<input type="checkbox"/> Accent	<input type="checkbox"/> Other	
Clothing	Describe: _____					

If other, please explain

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If space here is insufficient, please continue on the reverse of this sheet.

## DESCRIPTION OF ESCAPE VEHICLE

Vehicle make: \_\_\_\_\_

Colour: \_\_\_\_\_ Type (eg Sedan, Ute): \_\_\_\_\_

Year: \_\_\_\_\_ Colour of Rego plates: \_\_\_\_\_

Registration Number: \_\_\_\_\_ Direction of travel \_\_\_\_\_

Other distinctive features: \_\_\_\_\_

Other details: \_\_\_\_\_

