

2. Assailant

<input type="checkbox"/> Customer <input type="checkbox"/> Patient <input type="checkbox"/> Delivery person <input type="checkbox"/> Ex-employee <input type="checkbox"/> Resident <input type="checkbox"/> Student <input type="checkbox"/> Visitor <input type="checkbox"/> Other (please specify)			
Description <input type="checkbox"/> Male <input type="checkbox"/> Female			
Age	Complexion	Height	Weight
Name (if known)			

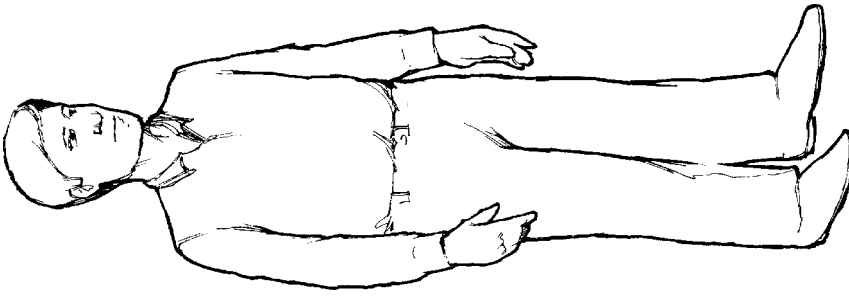
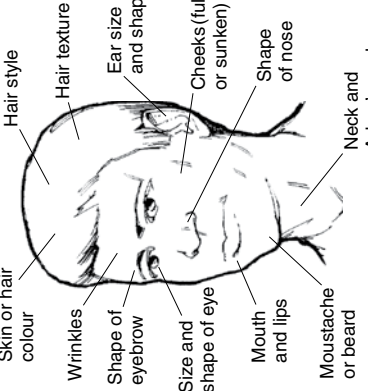
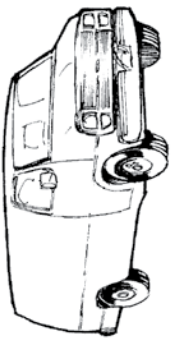
3. Incident and injury information

Date of incident	Time a.m. / p.m.
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4. Other information

Was the assailant involved in any previous violent incidents with staff? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are there any measures in place to prevent a similar incident? <input type="checkbox"/> Yes <input type="checkbox"/> No
Please provide any other information you think is relevant.

E. Suspect and vehicle identification sheet

<p>SEX</p> <p><input type="checkbox"/> Male <input type="checkbox"/> Female</p>	<p>AGE</p>	<p>HEIGHT</p>	<p>WEIGHT</p>	<p>RACE</p>	<p>Write below specific facial details that you definitely remember.</p>
<p>HAIR (colour and style)</p>	<p>General appearance</p> 			<p>HAT (colour and type)</p>	<p>What did the suspect say?</p>
<p>EYES (glasses)</p>				<p>COAT</p>	<p>SHIRT/BLOUSE</p>
<p>COMPLEXION</p>	<p>PANTS/SKIRT</p>	<p>Facial appearance</p> 			
<p>JEWELLERY</p>	<p>Vehicle</p> 			<p>Colour</p>	
<p>SCARS/MARKS</p>	<p>Direction of travel</p>	<p>Make</p>	<p>Model</p>	<p>Licence number</p>	
<p>TATTOOS</p>	<p>Damage or rust</p>	<p>Bumper sticker</p>	<p>Wheel covers</p>		