Bad Date Reporting Form

Staff Name: _____ **Sex Worker (Name or Alias):** _____
Date of incident: _____ **Gender:** _____ **Age:** _____
Date of Report:_____ **Clothing:**_____

Time of incident: _____ **am** _____ **pm**
Do you want this report to be included in the red light? Y N
Location picked up: _____
Location of incident:_____

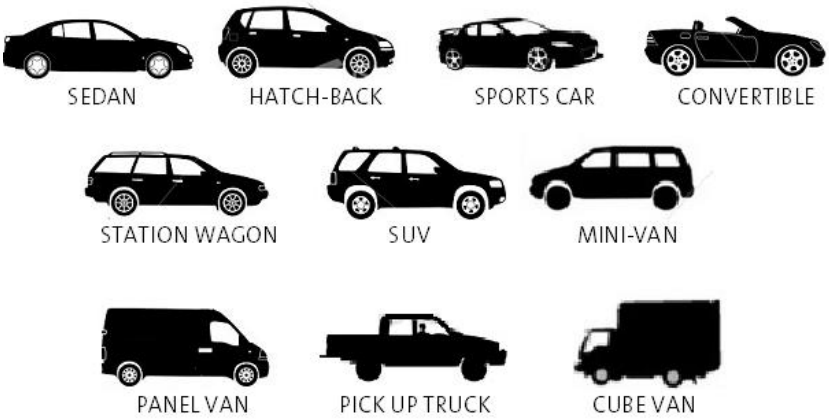
Picked up by: ☐ **Foot** ☐ **Car** ☐ **Truck** ☐ **Bicycle** ☐ **Other**_____

Description of vehicle: **outside clean** ☐ **outside dirty** ☐

Colour:_____ **License Plate:**_____**inside clean** ☐ **inside dirty** ☐

Smell: _____ **Size**_____**Anything on the seat?**_____

Old / New _____**Make of vehicle?** _____**Circle type of vehicle:**



Other details about the car_____

Suspect Description: **Age:** ____**Name:** _____ **Gender:** _____ **Hair colour:** _____

Hair type: _____ **Facial Hair:** _____ **Height:** _____**Weight:** _____ **Build:** _____

Wearing: _____ **Tattoos** (what and where): _____ **Scars** (what and where): _____-

_____

Smell (Cologne? Substances? Dog?): _____ **Accent? :** _____**Ethnicity:** _____

What did suspect say? : _____

- **Robbed** ☐
- **Raped** ☐
- **Punched** ☐
- **Kicked** ☐
- **Strangled** ☐
- **Threatened** ☐
- **Weapons** ☐
- **Visible injuries**
- **Medical attention** ☐

What happened? (Please use next page if additional space is needed)

_____

_____

_____

_____

_____

Are you willing/do you want to talk to police about this report? Please see next page

Email: redlightalert@wishdropincentre.org **Fax WISH 604-669-9479/Tel 606-669-9474** www.wish-vancouver.net

Are you willing/do you want to talk to police about this report (please circle)? Y N

If you would like to talk to the police about this report: Is there a way that we can contact, you in the future? _____

Do you want this report to be a police statement? If so, please sign here:

_____

WHAT HAPPENED CONTINUED:

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