

WEST WINDSOR POLICE DEPARTMENT

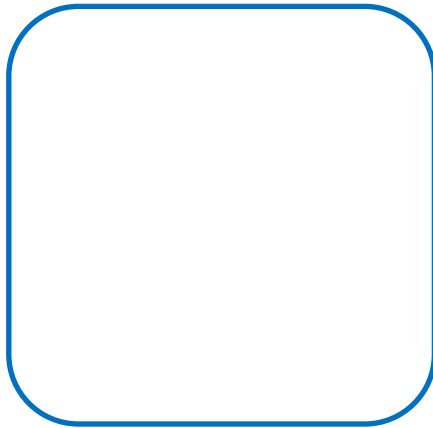


Keeping Special Needs Kids Safe



WWindsor S.A.F.E.

Secure Awareness for First Encounters Registry



PHOTO

NAME: _____ SEX: _____

DATE OF BIRTH: _____ RACE: _____ HEIGHT: _____

WEIGHT: _____ EYE COLOR: _____ HAIR COLOR: _____

HAIR STYLE: _____ SCARS/MARKS/TATTOOS: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

EMERGENCY CONTACTS:

NAME:

PHONE NUMBER:

ADDRESS:

RELATIONSHIP:

NAME:

PHONE NUMBER:

ADDRESS:

RELATIONSHIP:

MEDICAL CONCERNS:

WHAT TYPE OF BEHAVIOR SHOULD BE EXPECTED? (KICKING, HITTING, BITING, SELF-HITTING, RUNNING AWAY):

