

TALLAHASSEE POLICE DEPARTMENT

SUBJECT CODE: S-SUSPECT

For Missing Person - State/County/City of Birth

Case/Incident Number

00-51012

Page 2 of 4

1. Name (Last, First, Middle) **WATTS, GORDAN** Address _____ Phone _____ Nickname/Alias _____

Race **WM** Sex **M** D.O.B. **35409 508** HT **165** WT **165** Hair Color **BRN** Eye Color _____ S.S.N. _____ C.JIS/FCIC # _____ Driver License/ID # _____

2. Name (Last, First, Middle) _____ Address _____ Phone _____ Nickname/Alias _____

Race _____ Sex _____ D.O.B. _____ HT _____ WT _____ Hair Color _____ Eye Color _____ S.S.N. _____ C.JIS/FCIC # _____ Driver License/ID # _____

3. Name (Last, First, Middle) _____ Address _____ Phone _____ Nickname/Alias _____

Race _____ Sex _____ D.O.B. _____ HT _____ WT _____ Hair Color _____ Eye Color _____ S.S.N. _____ C.JIS/FCIC # _____ Driver License/ID # _____

FACIAL HAIR	1	2	3	BUILD	1	2	3	FACIAL FEATURES	1	2	3	SCARS/MARKS	1	2	3
Beard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Heavy/Stocky	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Birthmarks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tattoos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clean Shaven	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Medium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bleaches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cheek, Right	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fu-Manchu	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Muscular	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Freckles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Chest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Goatee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Small/Petite	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Moles/Warts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Forearm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Long Sideburns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pimples/Pocks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hand, Left	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mustache	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other (narrative)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other (narrative)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hand, Right	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mutton Chops	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NOSE	1	2	3	APPAREL	1	2	3	Leg, Left	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No Sideburns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Broad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cap/Hat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Leg, Right	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unshaven	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Flat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cloth Over Face	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Neck	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (narrative)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Large	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Earrings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Track Marks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SKIN TONE	1	2	3	Pointed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Glasses/Sunglasses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other (narrative)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Albino	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pug	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gloves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	TATTOO DRAWING			
Brown - Dark	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Small	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Head Cloth/Flag	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Brown - Light	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other (narrative)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mask	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Brown - Medium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HAIR STYLE	1	2	3	Mask-Ski	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Fair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Alto	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Ruddy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bald	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Scolding Over Face	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Other (narrative)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Braids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tennis Shoes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
TEETH	1	2	3	Crewcut	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Watches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Braced	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dreadlocks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other (narrative)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Chipped/Broken	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Feds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SCARS/MARKS							
Decayed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Long	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tattoos	1	2	3				
Caps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Medium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Arm, Left	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Good	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Short	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Arm, Right	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Irregular	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Strait	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Back	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Missing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wavy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Buttock, Left	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Protruding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other (narrative)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Buttock, Right	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Gold	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					Cheek, Left	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Other (narrative)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												

ADDITIONAL CRIMES:

NARRATIVE:

I WAS WORKING AN OFF DUTY JOB IN UNIFORM AT THE ABOVE LOCATION FOR INSURANCE COMMISSIONER TOM GALLAGHER AND THE REPUBLICAN PARTY WHO WERE HOSTING A ELECTION RECEPTION. AT ABOUT 10:00PM, THE SUSPECT, GORDAN WATTS, CAME INSIDE THE HOTEL TO THE ENTRANCE TO THE RECEPTION WEARING AN INDIAN FEATHER HEAD DRESS WITH AN ARROW THROUGH IT, A BARK PAIL.

Reporting Dept. I.D. # **674** Date **12/14/00** Supervisor Approving/Dept. I.D. # **Blankenship 206** Date **12-14-00**

Case Status (Status must be indicated for all cases.) Open/Pending Closed Case Disposition Unk/uncl Cleared by Arrest Cleared Exceptionally