

MISSING PERSON REPORT

Date _____
Case No. _____

TYPE OF MISSING - PERSON D = DISABILITY I = INVOLUNTARY E = ENDANGERED J = JUVENILE V = DISASTER VICTIM	Name: Last / First / Middle / Suffix			
	Sex: M = Male F = Female	Race: <input type="checkbox"/> White <input type="checkbox"/> Alaskan <input type="checkbox"/> Black <input type="checkbox"/> American Indian <input type="checkbox"/> Unknown <input type="checkbox"/> Asian/Pacific Islander	DOB: Month / Day / Year	State of Birth
Height: _____ Ft. Inches	Weight: _____ Pounds	Eyes: <input type="checkbox"/> BLU = Blue <input type="checkbox"/> GRY = Gray <input type="checkbox"/> MAR = Maroon <input type="checkbox"/> BRO = Brown <input type="checkbox"/> GRN = Green <input type="checkbox"/> PNK = Pink <input type="checkbox"/> BLK = Black <input type="checkbox"/> HAZ = Hazel <input type="checkbox"/> XXX = Unknown	Hair: <input type="checkbox"/> BLK = Black <input type="checkbox"/> WHI = White <input type="checkbox"/> BRO = Brown <input type="checkbox"/> SDY = Sandy <input type="checkbox"/> BLN = Blond <input type="checkbox"/> GRY = Gray <input type="checkbox"/> RED = Red <input type="checkbox"/> XXX = Unknown	Social Security #
Scars, Mark, Tattoo				

DRILCNO: _____	State _____	Yr. Exp. _____	NOC FPCLASS: _____	RT	RI	RM	RR	RL	LT	LI	LM	LR	LL
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Blood Type: <input type="checkbox"/> A Pos <input type="checkbox"/> B Pos <input type="checkbox"/> AB Pos <input type="checkbox"/> O Pos <input type="checkbox"/> A Neg <input type="checkbox"/> B Neg <input type="checkbox"/> AB Neg <input type="checkbox"/> O Neg	Circumcision <input type="checkbox"/> Yes <input type="checkbox"/> No	Footprints Available <input type="checkbox"/> Yes <input type="checkbox"/> No	Body X-rays Available <input type="checkbox"/> Yes <input type="checkbox"/> No	Build: <input type="checkbox"/> Very thin <input type="checkbox"/> Muscular <input type="checkbox"/> Thin <input type="checkbox"/> Heavy/Stocky <input type="checkbox"/> Medium <input type="checkbox"/> Obese	Date of Last Contact Month / Day / Year
Does the missing person have corrected vision? <input type="checkbox"/> Yes <input type="checkbox"/> No			Corrective Vision RX	Type of Contact lenses and color: <input type="checkbox"/> Hard <input type="checkbox"/> Longwear <input type="checkbox"/> Blue <input type="checkbox"/> Gray <input type="checkbox"/> Clear <input type="checkbox"/> Soft <input type="checkbox"/> Semi <input type="checkbox"/> Brown <input type="checkbox"/> Green	

Does the missing person have any broken or healed bones, artificial body parts, or missing body parts? Yes No If so, describe _____

LICENSE PLATE AND VEHICLE INFORMATION

License Plate Number	State	Yr. Exp.	Type	Vehicle Identification #	Year
_____ / _____ / _____	_____	_____	_____	_____	_____
Make	Model	Style	Color	Other	

OTHER INFORMATION

Reporting Agency	Reporting Officer	
Complainant's Name	Complainant's Address	Complainant's Telephone Number
Relationship of Complainant to Missing Person	Missing Person's Address	Missing Person's Aliases
Missing Person's Occupation	Miscellaneous Number(s)	

Below is a list of clothing and personal effects. Please indicate those items that have been found with the person or body. Include style, type, size, color, condition, etc.									
Item	Style/Type	Size	Color	Markings	Item	Style/Type	Size	Color	Markings
Head Gear					Shoes/Boots/Sneakers				
Scarf/Tie/Cloves					Underwear				
Coat/Jacket/Vest					Bra/Girdle/Slip				
Sweater					Stockings/Pantyhose				
Shirt/Blouse					Wallet/Purse				
Pants/Skirt					Money				
Belt/Suspenders					Jewelry	See Back			
Socks					Other				

ALL DENTAL INFORMATION SHOULD BE RECORDED ON THE DENTAL RECORD REPORT.

JEWELRY TYPE

- AB = Ankle bracelet (includes ankle bracelets having a pendant)
- BB = Belt Buckle
- BP = Broach or pin
- CL = Cigarette lighter and holders
- CO = Comb (includes hair combs, barrettes, and mustache combs)
- CU = Cuff links

- ER = Earrings (includes clasp and pierced and pendant earrings)
- KC = Key chains
- MC = Money clip
- NE = Necklace (includes necklaces having a pendant or watch)
- PK = Pocket knife
- PC = Pocket watch chain (fob) or vest chain

- RJ = Ring
- TC = Tie chain, clasp, or tack
- WP = Wallet or purse
- WA = Watch (includes wrist, pocket, and stopwatches)
- WB = Wrist bracelets (includes wrist bracelets having pendants, ID, and medical alert bracelets)

Jewelry Description

Narrative

Departments Documentation Statement

Reporting Officers Signature

Complainants Signature

Date

Date