

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: White Alaskan Black American Indian Unknown Asian/Pacific Islander

DOB: Month _____ Day _____ Year _____ State of Birth _____

Height: _____ Ft. Inches Weight: _____ Pounds Eyes: BLU = Blue BRO = Brown BLK = Black GRY = Gray GRN = Green HAZ = Hazel MAR = Maroon PNK = Pink XXX = Unknown

Hair: BLK = Black BRO = Brown BLN = Blond RED = Red WHI = White SDY = Sandy GRY = Gray XXX = Unknown

Scars, Mark, Tattoo _____ Social Security # _____

DRILICNO: _____ State _____ Yr. Exp. _____ NCC FPCLASS: RT RJ RM RR RL LT LU LM LR LL

Blood Type: A Pos B Pos AB Pos O Pos A Neg B Neg AB Neg O Neg Circumcision: Yes No Footprints Available: Yes No Body X-rays Available: Yes No

Build: Very thin Thin Medium Muscular Heavy/Stocky Obese Date of Last Contact: Month _____ Day _____ Year _____

Does the missing person have corrected vision? Yes No Corrective Vision RX _____ Type of Contact lenses and color: Hard Soft Longwear Semi Blue Brown Gray Green Clear

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/Gloves					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

- | | | |
|--|--|---|
| <input type="checkbox"/> AB = Ankle bracelet (includes ankle bracelets having a pendant) | <input type="checkbox"/> ER = Earrings (includes clasp and pierced and pendant earrings) | <input type="checkbox"/> RI = Ring |
| <input type="checkbox"/> BB = Belt Buckle | <input type="checkbox"/> KC = Key chains | <input type="checkbox"/> TC = Tie chain, clasp, or tack |
| <input type="checkbox"/> BP = Broach or pin | <input type="checkbox"/> MC = Money clip | <input type="checkbox"/> WP = Wallet or purse |
| <input type="checkbox"/> CL = Cigarette lighter and holders | <input type="checkbox"/> NE = Necklace (includes necklaces having a pendant or watch) | <input type="checkbox"/> WA = Watch (includes wrist, pocket, and stopwatches) |
| <input type="checkbox"/> CO = Comb (includes hair combs, barrettes, and mustache combs) | <input type="checkbox"/> PK = Pocket knife | <input type="checkbox"/> WB = Wrist bracelets (includes wrist bracelets having pendants, ID, and medical alert bracelets) |
| <input type="checkbox"/> CU = Cuff links | <input type="checkbox"/> PC = Pockett watch chain (fob) or vest chain | |

Jewelry Description

Narrative

Departments Documentation Statement

Reporting Officers Signature

Complainants Signature

Date

Date