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 ☐ Black ☐ Unknown ☐ Alaskan ☐ American Indian ☐ 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.

NCIC FPCLASS: RT RI RM RR RL LT LI 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

☐ Classes? ☐ Contact lenses?

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

- ☐ 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 neck-laces having a pendant or watch)
- ☐ PK = Pocket knife
- ☐ PC = Pockett watch chain (fob) or vest chain
- ☐ RI = 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