



MISSING PERSONS REPORT

CR NO. _____

Entered Into Leads? _____

NAME: _____		SEX: _____	RACE: _____
ADDRESS: _____		PHONE: _____	
DOB: _____	SSN: _____	*DATE OF EMANCIPATION: _____	
OLN: _____	OL STATE: _____	OL YEAR (EXP.): _____	
HEIGHT: _____	WEIGHT: _____	EYES: _____	HAIR: _____
PHYSICAL DESCRIPTION: _____ (SCARS, MARKS, TATTOOS) (OBTAIN MOST CURRENT PHOTO) _____			
CLOTHING DESCRIPTION: _____			
JEWELRY: _____			
DENTIST: _____			
FAMILY PHYSICIAN: _____			
NEXT OF KIN/ TO BE NOTIFIED: NAME: _____			
ADDRESS: _____			
PHONE: _____ RELATIONSHIP: _____			
VEHICLE INFO: MAKE: _____ MODEL: _____ YEAR: _____ COLOR: _____			
LICENSE #: _____ LICENSE STATE: _____ LICENSE YR.: _____ LIC. TYPE: _____			
VIN: _____ OWNED BY: _____ PHONE: _____			
IDENTIFYING FEATURES: _____			

* DATE OF EMANCIPATION: THE DATE INDIVIDUAL WILL TURN 18 YEARS OF AGE.

FILL IN AS MUCH INFORMATION AS POSSIBLE ABOUT THE PERSON MISSING SO THE OFFICER CAN ENTER IT INTO THE COMPUTER. USE ONE SHEET FOR EACH PERSON MISSING.

DATE REPORTED: _____	TIME REPORTED: _____
REPORTED BY: NAME: _____	
ADDRESS: _____	
PHONE: _____ DOB: _____ SSN: _____	
WHERE TO CONTACT: _____	
DATE LAST SEEN: _____	TIME LAST SEEN: _____
WHERE LAST SEEN: _____	
LAST SEEN BY: NAME: _____	
ADDRESS: _____	
PHONE: _____ DOB: _____ SSN: _____	
WHERE TO CONTACT: _____	

Attach Narrative w/ Details and Circumstances.

OFFICER: _____