

MISSING PERSON REPORT

ICR # _____ OFFICER BADGE # _____ DATE _____

Name of Missing Person: _____

Date of Birth: _____ Hgt: _____ Wgt: _____ Sex: ___ Male ___ Female

Race: _____ Eye Color: _____ Hair Color: _____

Skin Tone: _____ Scars/Marks/Tatoos: _____

Date of Last Contact: _____ Location: _____

List of Clothing & Personal Affects – Please indicate items missing person last seen wearing

Item	Description	Size	Color	Markings
Coat				
Shirt				
Pants				
Shoes				
Wallet/Purse				
Head Gear				
Glasses				
Other				

Does Missing Person have corrected vision? Yes No If yes, Eyeglasses or Contact Lenses

Has Missing Person ever been fingerprinted? Yes No If so, by whom? _____

Miscellaneous Information: _____

Close Friends/Relatives _____

Places Missing Person Frequents _____

Possible Destination _____

Complainant's Name: _____

Relationship to Missing Person _____

Phone # _____ Address _____

Complainant's Signature: _____

Entered NCIC _____ By _____

Cancelled NCIC _____ By _____