

Missing / Runaway Worksheet

Today's Date: _____

Complaint No.: _____

REPORTING PERSON INFO:

Name: _____ Address: _____

Contact Phone: _____ City/State/ZIP: _____

Work Phone: _____ Hrs. Worked: _____

MISSING PERSON INFO:

Date Missing Person Last Seen: _____

Name: _____ DOB: _____

Cell Phone: _____ Is cell phone missing? Yes () No ()

Email/Facebook/Myspace Accts : _____

Relationship: _____

Hair Color: _____ Eye Color: _____ Height: _____ Weight: _____

Race: _____ Male () or Female ()

Scars/Marks/Tattoos: _____

Description of Clothing Last Seen Wearing: _____

Why do you believe the subject is missing or has runaway? Explain: _____

Do you have any reason to believe the disappearance is NOT voluntary or that the missing person or anyone else is at Risk or Endangered? Yes () No ()

Explain: _____

Is there history of Medical/Mental Health/Drug or Alcohol Abuse? Yes () No ()

Explain: _____

Is there a history of being Missing/Runaway?

Yes () No ()

How often? _____ How long was he/she gone? _____

How and where was he/she found and where did he/she go while missing/runaway in the past?

Does missing person have access to a vehicle?

Yes () No ()

If so, is the vehicle also missing?

Yes () No ()

Vehicle description: _____

Registered Owner: _____

Other information that might be relevant when attempting to locate the missing person:

List possible friends/relatives/or locations where he/she might be:

1. Name: _____ Address: _____

City/ST/ZIP: _____

Relationship: _____ Phone: _____

2. Name: _____ Address: _____

City/ST/ZIP: _____

Relationship: _____ Phone: _____

3. Name: _____ Address: _____

City/ST/ZIP: _____

Relationship: _____ Phone: _____

4. Name: _____ Address: _____

City/ST/ZIP: _____

Relationship: _____ Phone: _____

5. Name: _____ Address: _____

City/ST/ZIP: _____

Relationship: _____ Phone: _____

Have you contacted any of these individuals?

Yes () No ()

Results: _____

Missing Person Certification

IN ORDER TO REASSURE THAT THE RIGHT OF PRIVACY OF INDIVIDUALS WILL NOT BE VIOLATED: The **National Crime Information Center (NCIC)** requires that the law enforcement agency have in its possession a written statement certifying that one of the five following conditions exists prior to entering a missing person into NCIC records:

- 1. **Disabled**—A person of any age who is missing and is proven physically or mentally disabled, or senile, thereby subjecting them or others to personal and immediate danger.
- 2. **Endangered**—A person of any age who is missing under circumstances indicating that his/her physical safety may be in danger.
- 3. **Involuntary**—A person of any age who is missing under circumstances indicating that the disappearance was not voluntary.
- 4. **Disaster Victim**—A person of any age who is missing after a catastrophe; but not confirmed to be dead, e.g., drowning, explosion, etc.
- 5. **Juvenile**—A person who is under the age of 21 and does not meet any of the entry criteria set forth above should be immediately entered into CIB/NCIC.
- 6. **Other**—A person over the age of 21 not meeting the criteria for entry in any other category who is missing and for whom there is reasonable concern for his/her safety.

I HEREBY DECLARE THAT:

(First Name) (Middle Name) (Last Name)

Address: _____
(Street No. / Name) (City) (ST/ZIP)

DOB: _____ Sex: _____ Race: _____ Age: _____

IS MISSING PURSUANT TO NUMBER _____ ABOVE AND I REQUEST THAT SAID INDIVIDUAL BE ENTERED INTO THE NCIC RECORD AS A MISSING PERSON.

I HEREBY ACKNOWLEDGE that if said missing person is a juvenile, I am responsible for transporting said juvenile from the place of location to his/her residence & upon notification of the whereabouts of said individual, I will immediately make arrangements for safe transportation. BEING THE PARENT OR LEGAL GUARDIAN OR LEGAL CUSTODIAN of said juvenile, I hereby authorize temporary detention pursuant to applicable Wisconsin Statutes.

(Signature) (Date) (Printed or Typed Name)

Address: _____
(Street No. / Name) (City) (ST/ZIP)

Phone No. _____
(Home) (Work) (Cell)

Relationship: _____ Witnessed by: _____
(Officer/Official)