

MISSING PERSON / RUNAWAY JUVENILE REPORT

INCIDENT DATA	Agency Name		Agency ORI			OCA							
	Missing Person Case Type: <input type="checkbox"/> Disabled <input type="checkbox"/> Involuntary (include Undetermined)		Runaway Juvenile (indicate juvenile's Date of Emancipation)										
	Caution Indicator? <input type="checkbox"/> Other <input type="checkbox"/> Voluntary (No NCIC entry)		/ /										
Date / Time Reported		S / M / T / W / T / F / S		Date / Time Last Seen		S / M / T / W / T / F / S							
/ /		TIME (24 HRS)		/ /		TIME (24 HRS)							
VICTIM DATA	Name (last) (first) (middle)				Alias / Nickname								
	Address				Phone								
	Does victim have a pager or wireless phone? (indicate phone number)				Mobile provider (include account name/number if available)								
	Race		Sex		Place of birth		Date of birth		Skin complexion				
	Height		Weight		Eye color		Hair color		FBI number		SOC		
	Misc ID no. & type				OLN & state of issuance								
	Cap/hat		Coat/jacket		Shirt/blouse		Pants/dress/skirt						
	Socks/hosiery		Shoes/boots		Jewelry (include Medical Alert jewelry, if any)								
	Money in victim's possession				Purse/wallet/handbag/backpack								
	Occupation		Employer/school name		Address		Phone						
Scars, marks, tattoos (glasses, contact lenses, braces, pacemaker, tattoo location and description, body piercings, etc.)													
OTHER	Is a photograph of the person available?			Date of photo			Is permission granted to disseminate picture to other qualified agencies?						
	Location last seen			Destination/direction of travel				Mode of travel					
	Vehicle info. - Year		Make		Model		Style		Color		Lic/State		VIN
	Vehicle owner		Name		Address		Phone		Relationship of owner to victim				
	Possibly in company of				Address				Phone				
	Places known to frequent (if previous runaway, list place where runaway was located)												
COMPL.	Complainant's name				Race		Sex		Date of birth				
	Complainant's address				Home phone				Work phone				
	Complainant's signature				Relationship to victim								
DEPT USE ONLY	Reporting officer			Contact officer name			Work phone						
	Supervisor signature			Date / time submitted				Operator making NCIC entry					
	Date / Time entered NCIC			NIC		NCIC entry verified by							
	/ /			hrs									
	Date / Time NC Center for Missing Persons (CMP) notified				Is NCIC Missing Person Packet being completed? If so, by whom?								
/ /			hrs										
Case status: <input type="checkbox"/> Further Investigation <input type="checkbox"/> Cleared by locating <input type="checkbox"/> Unfounded									Page ___ of ___				
NARRATIVE													