

North Reading Police Department

Missing Person Report

Date/ Time Rec'd: _____
Officer: _____
Investigating Officer: _____
Date Entered LEAPS/NCIC: _____
Reporting Party: _____
Address: _____

OCA#: _____
LEAPS#: _____
NCIC#: _____
Operator: _____
Tel #: _____
Relationship: _____

Missing Name: _____ Age: _____ DOB: _____
(Last, First, Middle)

Soc. Sec. #: _____ / _____ / _____ Marital Status: _____

Address: _____ Tel #: _____

Sex: _____ Race: _____ Height: _____ Weight: _____ Build: _____

Eye Color: _____ Hair Color: _____ Hair Style/Length: _____

Eye Glasses: _____ Style: _____ Contact Lenses: _____

Facial Hair (beard, mustache etc.): _____

Condition of Teeth: _____ Jewelry Worn: _____

Clothing last seen worn: _____

Scars/Marks/Tattoos/Piercings: _____

Date/Time Missing: _____ Where and When Last Seen: _____

Possibly Traveling With: _____

Possibly Traveling To: _____

Person to Notify When Found: _____ Tel #: _____

If Missing Is a Juvenile

School Name: _____ Grade: _____ Tel #: _____

Any Deviation from Normal Behavior? _____

Name of Parent or Legal Guardian: _____

Address: _____ Tel #: _____

Employer Name: _____ Tel #: _____

Employer Address: _____

Motor Vehicle Information

Year: _____ Make: _____ Model: _____ Color: _____

Plate: _____ State: _____

Owner's Name: _____ Tel #: _____

Describe any Mental/Emotional/ Physical Problems: _____

Does Person Take Medications: Yes ___ No ___ What Kinds: _____

When Last Taken: _____ When Needed Next: _____

Effects of Medication: _____

Has the Person Ever Been Reported Missing Before: _____ How Long Ago: _____

Circumstances: _____

Names/ Addresses/Phone Numbers Friends/Relatives: _____

Places Frequented: _____

Extent to which Friends and Relatives have searched: _____

Anything else that you think would be helpful to us in locating the person: _____

You must check one:

_____ **DISABILITY** - **Missing Type/D** - A person of any age who is missing and under proven physical/mental disability or is senile, thereby subjecting himself/herself or others to personal and immediate danger.

_____ **ENDANGERED** - **Missing Type/E** - A person of any age who is missing under circumstances indicating that his/her physical safety may be in danger.

_____ **INVOLUNTARY** - **Missing Type/I** - A person of any age who is missing under circumstances indicating that the disappearance may not have been voluntary, e.g., abduction or kidnapping.

_____ **JUVENILE** - **Missing Type/J** - A person who is less than 18 who is missing and is not declared emancipated and who does not meet any of the criteria set forth in 1, 2, or 3 above.

_____ **CATASTROPHE VICTIM** - **Missing Type/V** - A person of ANY AGE missing after a catastrophe, e.g., storm, plane crash.

_____ **JUVENILE ABDUCTION** - **Missing Type/A** - A person who is less than 18 and there is a reasonable indication or suspicion that the child has been abducted.

_____ **JUVENILE FOUL PLAY** - **Missing Type/F** - A person who is less than 18 and who is missing under circumstances suggesting foul play or a threat to life.

Affidavit

I solemnly swear, (or affirm) that the individual I have reported/declared missing as indicated in the category checked above; That his/her whereabouts are unknown; That there are no active court orders prohibiting my having any type of contact with him/her; That upon their return, or contact with them, I will immediately notify the North Reading Police Department

Name of Complainant: _____

Address: _____

Telephone: _____

Signature: _____