

MISSING PERSON / RUNAWAY JUVENILE REPORT

INCIDENT DATA	Agency Name		Agency ORI NC		OCA		
	Missing Person Case Type:		<input type="checkbox"/> Disabled <input type="checkbox"/> Involuntary (include Undetermined) <input type="checkbox"/> Runaway Juvenile (indicate juvenile's Date of Emancipation)				
	<input type="checkbox"/> Caution Indicator? <input type="checkbox"/> Other <input type="checkbox"/> Voluntary (No NCIC entry)		<input type="checkbox"/> Endangered <input type="checkbox"/> Catastrophe Victim		_____/_____/_____ _____/_____/_____		
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							