



<input type="checkbox"/> RUNAWAY	<input type="checkbox"/> ENDANGERED	<input type="checkbox"/> INVOLUNTARY	<input type="checkbox"/> CATASTROPHE	DATE/TIME REPORTED	CENSUS	BEAT
<input type="checkbox"/> MISSING	<input type="checkbox"/> DISABLED	<input type="checkbox"/> JUVENILE	<input type="checkbox"/> OTHER			

DATE/TIME LAST CONTACTED	PLACE LAST CONTACTED
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NAME (LAST, FIRST MIDDLE)	RACE/SEX/DOB
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AKA'S/ALIAS	PHOTO ATTACHED <input type="checkbox"/> YES <input type="checkbox"/> NO
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DRIVERS LICENSE OR ID CARD/ STATE	SOCIAL SECURITY NUMBER	OTHER IDENTIFICATION
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EYE COLOR	HAIR COLOR/STYLE(Short, Long, Shaved, Braids, etc)	HEIGHT	WEIGHT	BUILD	SKIN TONE	FACIAL HAIR (describe)
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ADDRESS OF MISSING PERSON	HOME PHONE	WORK PHONE	CELL. PHONE
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EMAIL ADDRESS	INTERNET USER NAMES, BLOG SITES, CHAT ROOMS, 'MY SPACE' ETC.	INTERNET SERVICE PROVIDER
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MEDICAL/MENTAL CONDITION	LIFE SUSTAINING MEDICATION	NAME AND PHONE NUMBER OF DENTIST	NAME AND PHONE NUMBER OF DOCTOR
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OCCUPATION	NAME OF BUSINESS/WORK ADDRESS	WORK HOURS
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STUDENT <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	NAME AND ADDRESS OF SCHOOL	SCHOOL PHONE NUMBER
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FINGERPRINTED <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	MILITARY SERVICE? (BRANCH)	ARRESTED OR BOOKED? WHERE?
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POSSIBLE DESTINATION OF MISSING PERSON	HAS THIS PERSON BEEN MISSING ON PRIOR OCCASIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK
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MISSING PERSONS BANK(S)	CASE WORKER/SOCIAL WORKER (PHONE #)
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HAZARD TO LAW ENFORCEMENT OR OTHERS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	IF 'YES OR UNK', EXPLAIN (INCLUDE WEAPONS ON PERSON OR AVAILABLE AND HAZARDOUS BEHAVIOR)
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CLOTHING DESCRIPTION (WORK FROM THE TOP DOWN, GIVE DETAILED DESCRIPTIONS OF COLOR, BRAND, SIZE, STYLE AND ANY UNIQUE ATTRIBUTES, INCLUDE JEWELRY AND ACCESSORIES) **Note: SCARS, MARKS, TATTOOS OR ANY OTHER DISTINGUISHING PHYSICAL ATTRIBUTES will be described on the back of this form.**

DID THE MISSING PERSON TAKE A VEHICLE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	VEHICLE LICENSE NUMBER/STATE	VIN
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COLOR	YEAR	MAKE	MODEL	STYLE
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DISTINGUISHING FEATURES OF VEHICLE

VEHICLES REGISTERED OWNER/ADDRESS

WAC #	NIC#	D.O.E.	T.O.E.	Serial #
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PRIMARY OFFICER'S PRINTED NAME	SERIAL	UNIT	SECONDARY OFFICER	SERIAL	UNIT	APPROVING OFFICER	SERIAL
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- Violent Crimes
 Gender and Age
 Narcotics/Vice
 Juvenile (N,S,C)
 Property (E,W,S,N)
 Crime Analysis
 West Pct.
 North Pct.
 Southeast Pct.
 East Pct.
 Southwest Pct.
 OTHER:



MISSING PERSON SUPPLEMENT

5.1.2 Rev 6/19

EVENT NUMBER

Unique Descriptors/Attributes (Unique Descriptors/Attributes are sometimes the key to locating a missing person). Officers should question complainants to obtain detailed information for this category. This can include physical descriptors or personality traits of the missing person. An example of descriptors/attributes that should be documented are: distinctive teeth, tattoos (description and location), scars, limp, missing body parts, location of broken bones, CT scans, etc.

Definitions for categorizing Missing Persons

- ENDANGERED A person of any age who is missing under circumstances indicating his/her physical safety may be in danger.
- DISABLED A person of any age who has a DOCUMENTED mental or physical disability that may cause the person to be an immediate danger to self or others.
- INVOLUNTARY A person of any age who is missing under circumstances indicating that the disappearance is not voluntary (e.g., abduction).
- JUVENILE A person who is missing, who has not been emancipated under the law of this state of his or her residence, and who is not covered under one of the above definitions.
- CATASTROPHE VICTIM A person of any age who is missing after a catastrophe.
- OTHER A person over the age of 18 not meeting the criteria for entry in any other category who is missing and for whom there is a reasonable concern for his/her safety

NOTE: IF THERE IS EVIDENCE OF A CRIME, BOTH AN INCIDENT REPORT AND A MISSING PERSON REPORT MUST BE COMPLETED.

Contacts

NAME (LIST PERSON REPORTING FIRST)	ADDRESS	PHONE NUMBER	RELATIONSHIP

Authorization to Release Dental and Medical Information

I am a family member or next of kin of the missing person reported on this form. I hereby declare authorize the release of all medical and dental records and photographs to assist law enforcement agencies in locating the missing person.

Print Name of Family Member or Next of Kin

Signature of Family Member or Next of Kin

Relationship of Signer to Missing Person

Date

Address

() _____
Telephone Number

A record for a missing person who is declared emancipated (adult) as defined by law may be entered in the Missing Person File, provided the entering agency has signed documentation in its possession supporting the stated conditions under which the person is declared missing. This written documentation will aid in the protection of the individual's right to privacy. **In the absence of documentation from a parent, legal guardian, next of kin, physician, or other authoritative source, including a friend or neighbor in unusual circumstances, or when such documentation is not reasonably attainable, a signed report by the investigating officer will suffice.** I HEREBY CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THIS REPORT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

PERSON REPORTING OR INVESTIGATING OFFICERS SIGNATURE

PRINT NAME

DATE SIGNED

SEATTLE, WA
PLACE SIGNED