

MIDLAND COUNTY MISSING PERSON REPORT FORM

Classification of entry (Check one)

- A person of any age who is missing and under proven physical disability or mental disability or senile who may subject himself or other to personal or immediate danger. (Law Enforcement: Review Amber Alert Checklist)
- A person of any age who is missing under circumstances indicating that the disappearance was not voluntary. (Law Enforcement: Review Amber Alert Checklist)
- A person of any age who is in the company of another person under circumstances indicating that their physical safety is in danger. (Law Enforcement: Review Amber Alert Checklist)
- A person who is declared a juvenile (up to age 16) and does not come under any of the circumstances mentioned in any of the above, or a Voluntary Missing Person aged 17- 21.

COUNTY <p style="text-align: center;">MIDLAND</p>				INCIDENT NUMBER			
TOWNSHIP				FILE CLASS			
NAME OF MISSING PERSON LAST: FIRST: MIDDLE:				ALIAS/ NICKNAME/ MAIDEN NAME			
RACE:	SEX:	HEIGHT: FT IN	WEIGHT: LBS	HAIR COLOR	EYE COLOR:	DATE OF BIRTH:	AGE:
ADDRESS:			CITY	STATE	ZIP	MOTHER'S MAIDEN NAME:	
DRIVERS LICENSE NUMBER AND STATE				SOCIAL SECURITY NUMBER		PLACE OF BIRTH (CITY AND STATE):	
LAST KNOWN LOCATION:		DATE:	TIME:	BLOOD TYPE:		MARITAL STATUS:	
WHERE EMPLOYED:		OCCUPATION:		IF PREGNANT, HOW MANY WEEKS PREGNANT?			
MAKE OF VEHICLE		COLOR		LICENSE PLATE NUMBER/ STATE:		YEAR:	BODY STYLE:
PERSON MISSING BEFORE?		WHEN/ WHERE:		WHERE WERE THEY LOCATED:			

CHECK ALL APPROPRIATE DESCRIPTIONS BELOW

SCARS: <input type="radio"/> HAND, LEFT <input type="radio"/> HAND, RIGHT <input type="radio"/> WRIST, LEFT <input type="radio"/> WRIST, RIGHT <input type="radio"/> ARM, LEFT <input type="radio"/> ARM, RIGHT <input type="radio"/> NECK <input type="radio"/> CHEST <input type="radio"/> STOMACH <input type="radio"/> BACK <input type="radio"/> LEG, LEFT <input type="radio"/> LEG, RIGHT <input type="radio"/> FOOT, LEFT <input type="radio"/> FOOT, RIGHT <input type="radio"/> NONE <input type="radio"/> OTHER	TATTOOS: <input type="radio"/> FINGERS, LEFT <input type="radio"/> FINGERS, RIGHT <input type="radio"/> HAND, LEFT <input type="radio"/> HAND, RIGHT <input type="radio"/> ARM, LEFT <input type="radio"/> ARM, RIGHT <input type="radio"/> CHEST <input type="radio"/> LEG, LEFT <input type="radio"/> LEG, RIGHT <input type="radio"/> BACK <input type="radio"/> SHOULDER, LEFT <input type="radio"/> SHOULDER, RIGHT <input type="radio"/> NONE <input type="radio"/> OTHER DESCRIBE:	AMPUTATIONS: <input type="radio"/> FINGERS, LEFT <input type="radio"/> FINGERS, RIGHT <input type="radio"/> HAND, LEFT <input type="radio"/> HAND, RIGHT <input type="radio"/> ARM, LEFT <input type="radio"/> ARM, RIGHT <input type="radio"/> LEG, LEFT <input type="radio"/> LEG, RIGHT <input type="radio"/> FOOT, LEFT <input type="radio"/> FOOT, RIGHT <input type="radio"/> EAR(S) <input type="radio"/> NONE	EYE DEFECTS: <input type="radio"/> BULGING <input type="radio"/> CROSSED <input type="radio"/> DIFFERENT COLORS <input type="radio"/> MISSING OR GLASS EYE <input type="radio"/> SQUINTS/ ABNORMAL BLINKS <input type="radio"/> GLASSES <input type="radio"/> CONTACTS <input type="radio"/> SLANTED <input type="radio"/> NONE <input type="radio"/> OTHER	DEFORMITIES: <input type="radio"/> CRIPPLED FINGERS <input type="radio"/> CRIPPLED HAND <input type="radio"/> CRIPPLED ARM, LEFT <input type="radio"/> CRIPPLED ARM, RIGHT <input type="radio"/> CRIPPLED LEG <input type="radio"/> BOW-LEGGED <input type="radio"/> HUNCH-BACKED <input type="radio"/> NONE <input type="radio"/> OTHER	
BUILD: <input type="radio"/> SLENDER <input type="radio"/> MEDIUM <input type="radio"/> HEAVY <input type="radio"/> STOCKY <input type="radio"/> MUSCULAR	COMPLEXION: <input type="radio"/> FAIR <input type="radio"/> LIGHT <input type="radio"/> MEDIUM <input type="radio"/> DARK <input type="radio"/> RUDDY <input type="radio"/> SWARTHY	FACIAL HAIR: <input type="radio"/> BEARD <input type="radio"/> GOATEE <input type="radio"/> MOUSTACHE <input type="radio"/> MOUSTACHE, CHINESE <input type="radio"/> NONE	HAIR TYPE: <input type="radio"/> BALD <input type="radio"/> PARTLY BALD <input type="radio"/> FLAT TOP <input type="radio"/> PROCESSED <input type="radio"/> LONG (BELOW SHOULDERS) <input type="radio"/> LONG SIDEBURNS <input type="radio"/> SHORT (ABOVE SHOULDERS) <input type="radio"/> CLOSE CROPPED	TEETH: <input type="radio"/> PROTRUDING <input type="radio"/> IRREGULAR <input type="radio"/> GOLD <input type="radio"/> STAINED/ DECAYING <input type="radio"/> MISSING <input type="radio"/> FALSE <input type="radio"/> CHIPPED <input type="radio"/> GOOD	SPEECH: <input type="radio"/> FOREIGN/ BROKEN <input type="radio"/> SPANISH <input type="radio"/> SOUTHERN ACCENT <input type="radio"/> MUMBLES <input type="radio"/> LISP <input type="radio"/> STUTTER <input type="radio"/> MUTE <input type="radio"/> OTHER

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PHYSICAL CONDITION	PHOTOGRAPH AVAILABLE?	
PHYSICIAN/ ADDRESS	X-RAYS AVAILABLE?	
DENTIST/ ADDRESS	X-RAYS AVAILABLE?	
OPTOMETRIST/ ADDRESS	VISION PRESCRIPTION CODE?	
CHRONIC DISEASES?	FOOTPRINT AVAILABLE?	CIRCUMCISION?

INTERNAL ORGANS MISSING FROM PRIOR SURGERY?

MISSING BONES?	INTERNAL ORGANS NOT PRESENT?	LUNGS?
BROKEN BONES?	STOMACH?	OTHER?
PLATES OR PINS?	APPENDIX?	
FRACTURES?	KIDNEY?	

MISSING PERSONS CLOTHING (INCLUDE SIZE/COLOR)

BLOUSE/ SHIRT	COAT	SHOES
SKIRT/PANTS	SWEATER	STOCKINGS/ SOCKS
DRESS/ SUIT	HAT	JEWELRY WORN
MONEY/ CREDIT CARDS CARRIED?		
POSSIBLE DESTINATION	MAY BE WITH	
NEXT OF KIN	ADDRESS	

WHAT WERE THE CIRCUMSTANCES SURROUNDING THE INCIDENT (FAMILY FIGHT, ETC)

I, being the parent, family member, legal guardian, or other authoritative source, give permission to use the preceding valid information for entry of a missing person or runaway into LEIN and NCIC computer networks. This documentation in the record will be reassurance that the rights to privacy of the individual will not be violated.

I will also notify this agency upon the return of the subject and if I receive any further information that may aid the department.

Name: _____
 First Middle Last

Date of Birth: _____

Address: _____ City: _____ State: ___ Zip: _____

Relationship to subject: _____ Phone Numbers: (H) _____

(W) _____

Signature: _____

(C) _____