# ADMINISTRATIVE INFORMATION – DATABASES

# Use the Tab Key to move between gray fields throughout this document. You will only be able to enter data in these fields.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **NCIC Case #:** |  | **NAMUS Case #:** |  | **Law Enforcement Case #:** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Date Missing:** |  | **Status:** |  | **Category:** |  |

# Investigating Agency Information

|  |  |  |  |
| --- | --- | --- | --- |
| **Police Report Filing Date:** |  | **Law Enforcement Agency:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Officer’s Name:** |  | **Rank/Title:** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Phone:** |  | **Fax:** |  | **Email:** |  |

|  |  |
| --- | --- |
| **Address:** |  |

|  |  |
| --- | --- |
| **Other Agencies Involved:** |  |

# Reporting Individual (Parent/Guardian/Other)

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |  | **Relationship to the Missing:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Phone:** |  | **Email:** |  |

|  |  |
| --- | --- |
| **Address:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **DOB:** |  | **Social Security #:** |  |

# MISSING PERSON INFORMATION

# Missing Person Case Information:

|  |  |  |  |
| --- | --- | --- | --- |
| **Incident Type:** |  | **Missing From:** |  |

*Information and Circumstances About Disappearance (narrative)*

|  |
| --- |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Date Last Seen:** |  | **Time Last Seen:** |  |

|  |  |
| --- | --- |
| **Place Last Seen:** | **Business**  **Residence**  **Other:**  **Street Address:**  **City, State:**  **County:** |

# Name Information:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **First:** |  | **Middle:** |  | **Last:** |  |

|  |  |
| --- | --- |
| **Maiden Name:** |  |

|  |  |
| --- | --- |
| **Alias/Assumed or Preferred Name(s):** |  |

|  |  |
| --- | --- |
| **Nickname(s):** |  |

# Descriptive Information:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Age Missing:** |  | **DOB:** |  | **Sex/Gender:** |  | **Eye Color:** |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Height:** | ft. | in. | **Weight:** | lbs. | **Race/Ethnicity:** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Hair Color:** |  | **Hair Length or Style:** |  | **Describe:** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Facial Hair?** | **Yes  No** | **Color:** |  | **Describe:** |  |

# Distinguishing Characteristics and Their Locations

|  | **Location(s)/Descriptions (Draw on body image at end of form)** |
| --- | --- |
| **Birthmarks:** |  |
| **Piercings:** |  |
| **Scars:** |  |
| **Tattoos:** |  |
| **Other:** |  |
|  |  |

# Clothing Last Seen In:

|  |  |
| --- | --- |
| **Clothing Description:** |  |
| **Footwear:** |  |
| **Accessories:** |  |
| **Eyeglasses/Sunglasses/Contacts:** |  |
| **Purse/Backpack:** |  |
| **Jewelry:** | *(watch, rings, bracelets, earrings, etc.)* |

# Misc. Transportation Information:

|  |  |
| --- | --- |
| **Vehicle Description:** |  |
| **Make:** |  |
| **Model:** |  |
| **Color:** |  |
| **License Plate #:** |  |
| **VIN #:** |  |
| **Metro Card?** | *(account number?)* |

# Contact Information:

|  |  |
| --- | --- |
| **Home Address:** | **Street Address:**  **City, State:**  **County:** |

|  |  |
| --- | --- |
| **Email address:** |  |

|  |  |
| --- | --- |
| **Home Phone #:** |  |
| **Work Phone #:** |  |
| **Cell Phone #:** |  |
| **Cell Phone Provider:** |  |
| **Other Electronic Devices:** |  |
| **Internet Profiles:** |  |
| **Social Media User Names, Handles, and Profiles:** *List each platform separately and include passwords/login info where known* | **Facebook:**  **Twitter:**  **Instagram:**        **YouTube:** |
| **Apps Actively Used:** |  |
| **IP Address (es):** |  |
| **Other:** |  |

# Personal ID Numbers:

|  |  |  |  |
| --- | --- | --- | --- |
| **Social Security Number:** |  | **Passport #:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Driver’s License (Or ID)#:** |  | **State of Issuance:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Military ID #:** |  | **Branch of Service:** |  |

|  |  |
| --- | --- |
| **Dates of Service:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Alien ID #:** |  | **Country of Origin:** |  |

# Names and Contact Information for Closest Friends (Name, phone number, and address):

|  |
| --- |
|  |

# Places Missing Person Frequents:

|  |
| --- |
|  |

# Possible Destinations:

|  |
| --- |
|  |

# Work History:

|  |  |
| --- | --- |
| **Employer:** |  |
| **Name of Business:** |  |
| **Address:** |  |
| **Phone Number:** |  |
| **Supervisor’s Name** |  |
| **Associates/Contacts:** |  |
| **Fingerprints Taken When Employed?** |  |

# Medical/Dental/Mental Health Information:

|  |  |  |  |
| --- | --- | --- | --- |
| **Medical Doctor Name:** |  | **Contact Information:** | *(address and phone)* |

|  |  |  |  |
| --- | --- | --- | --- |
| **Hospital/Clinic Name:** |  | **Hospital/Clinic Contact Information:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Dentist Name:** |  | **Contact Information:** | *(address and phone)* |

|  | **Location(s)/Descriptions (Draw on body images at end of form;  Include serial numbers when applicable)** |
| --- | --- |
| **Surgeries:** |  |
| **Broken Bones:** |  |
| **Orthopedic Appliances:** |  |
| **Prosthetics:** |  |
| **Dentures:** |  |
| **Implants:** |  |
| **Medical Conditions:** |  |
| **Mental Health Issues:** |  |
| **Medications:** |  |
| **Blood Type:** |  |
| **X-Rays Taken?** | *(by which doctor?)* |

# DNA Samples – Who is able to provide DNA? 2 Samples Needed (Preferable Mom and Dad or Immediate Family Member):

|  |
| --- |
| **Name:**  **Street Address:**  **City, State:**  **Phone Number:**  **DOB:**  **Relationship to Missing Person:**  **Date Sample Collected:**  **Name:**  **Street Address:**  **City, State:**  **Phone Number:**  **DOB:**  **Relationship to Missing Person:**  **Date Sample Collected:** |

# Criminal History:

|  |  |  |  |
| --- | --- | --- | --- |
| **Where arrested?** |  | **When arrested:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Fingerprints Available?** | **Yes  No** | **Felony Conviction?** | **Yes  No** |

# Images Available:

Of missing person

Of  scars,  marks,  tattoos,  piercings

Of vehicle

Of  electronic devices,  cell phone,  watch

Of  medical or  dental imaging

Of  fingerpints or  palm print images

Mug shot

# Vulnerability Assessment

*Marital/Dating History (narrative)*

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| --- |
|  |

*Family History (narrative)*

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| --- |
|  |

*School History (narrative)*

|  |
| --- |
|  |

*Medical History (narrative)*

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| --- |
|  |

*Mental History (narrative)*

|  |
| --- |
|  |

*Military History (narrative)*

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|  |

*Criminal History, including arrests (narrative)*

|  |
| --- |
|  |

*Prescribed Medicine/Illicit Drug Use (narrative)*

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| --- |
|  |

*Family Associations (narrative)*

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| --- |
|  |

*Financial Accounts/History/Estate (narrative)*

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| --- |
|  |

*Criminal Associations/Associates (narrative)*

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| --- |
|  |

*Gang Affiliations (narrative)*

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|  |

# LAW ENFORCEMENT USE

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FBI #:** |  | **SPN #:** |  | **SO #:** |  |

|  |  |
| --- | --- |
| **DNA in CODIS?** | **Yes  No** |



