

**ISLAND COUNTY SHERIFF'S OFFICE  
MISSING PERSON/JUVENILE RUNAWAY REPORT**

DATE REPORTED:		INVESTIGATING OFFICER:			INCIDENT #:	
<b>COMPLAINANT</b>						
Last Name:		First Name:		Middle Name:		
ADDRESS:				Relationship:		
PHONE NUMBERS:		HOME:		WORK:		CELL:
<b>MISSING PERSON</b>						
<input type="checkbox"/> J: Juvenile <input type="checkbox"/> E: Endangered <input type="checkbox"/> I: Involuntary <input type="checkbox"/> D: Disabled <input type="checkbox"/> V: Disastrous/Catastrophic Victim <input type="checkbox"/> Other:						
Circumstances: <input type="checkbox"/> Runaway <input type="checkbox"/> Abducted by Stranger <input type="checkbox"/> Abducted by Non-Custodial Parent <input type="checkbox"/> Other:						
Last Name:		First Name:		Middle Name:		Suffix:
Aliases:				DATE OF LAST CONTACT:		
<b>CHARACTERISTICS</b>						
Sex: <input type="checkbox"/> M <input type="checkbox"/> F		Date of Birth:		Place of Birth:		Date of Emancipation:
Height:		Weight:		Social Security Number:		Glasses: <input type="checkbox"/> Yes <input type="checkbox"/> No / Type:
Race: <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Other :						
<b>Eye Color:</b> <input type="checkbox"/> Black <input type="checkbox"/> Blue <input type="checkbox"/> Maroon <input type="checkbox"/> Green <input type="checkbox"/> Brown <input type="checkbox"/> Gray <input type="checkbox"/> Hazel <input type="checkbox"/> Pink <input type="checkbox"/> Multicolor <input type="checkbox"/> Unknown			<b>Hair Color:</b> <input type="checkbox"/> Black <input type="checkbox"/> Blond <input type="checkbox"/> White <input type="checkbox"/> Sandy <input type="checkbox"/> Brown <input type="checkbox"/> Gray <input type="checkbox"/> Red <input type="checkbox"/> Other: _____			
<b>Complexion:</b> <input type="checkbox"/> Fair/Light <input type="checkbox"/> Black <input type="checkbox"/> Medium <input type="checkbox"/> Albino <input type="checkbox"/> Dark <input type="checkbox"/> Olive <input type="checkbox"/> Ruddy <input type="checkbox"/> Sallow <input type="checkbox"/> Yellow <input type="checkbox"/> Lt. Brown <input type="checkbox"/> Med. Brown <input type="checkbox"/> Dk Brown <input type="checkbox"/> Unknown <input type="checkbox"/> Other:			<b>Scars, Marks, Tattoos and Other Characteristics:</b> _____			
<b>Blood Type:</b> <input type="checkbox"/> A Pos <input type="checkbox"/> A Neg <input type="checkbox"/> A Unk <input type="checkbox"/> B Pos <input type="checkbox"/> B Neg <input type="checkbox"/> B Unk <input type="checkbox"/> Unknown <input type="checkbox"/> AB Pos <input type="checkbox"/> AB Neg <input type="checkbox"/> AB Unk <input type="checkbox"/> O Pos <input type="checkbox"/> O Neg <input type="checkbox"/> O Neg			<b>Clothing Description:</b> _____			
			<b>Jewelry Description/Type:</b> _____			
<b>Medication(s) Required:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No / Medication type:						
<b>Cautions/Medical Conditions:</b>						
<input type="checkbox"/> Armed and Dangerous <input type="checkbox"/> Violent Tendencies <input type="checkbox"/> Martial Arts Expert <input type="checkbox"/> Explosives Expertise <input type="checkbox"/> Known to abuse drugs <input type="checkbox"/> Escape risk <input type="checkbox"/> Sexually violent <input type="checkbox"/> Heart Conditions <input type="checkbox"/> Alcoholic <input type="checkbox"/> Allergies <input type="checkbox"/> Epilepsy <input type="checkbox"/> Suicidal <input type="checkbox"/> Hemophiliac <input type="checkbox"/> Diabetic <input type="checkbox"/> Other: (_____)						
<b>Photo Available:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No Photo / Photo Received: <input type="checkbox"/> Yes <input type="checkbox"/> No						
<b>Has the person been fingerprinted:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No: (If yes by whom: _____)						
<b>Are Fingerprints Available:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes location of prints: _____)						
<b>Do they have a personal webpage: (i.e. mspace.com):</b> <input type="checkbox"/> Yes(fill out information) <input type="checkbox"/> No:						
<b>Website Address:</b>		<b>E-mail address:</b>		<b>Login ID:</b>		<b>Password:</b>
<b>OTHER INFORMATION</b>						
<b>Last Seen in the Company of:</b>			<b>Last Place Seen:</b>			
Last Name			First Name		Middle Name	Sex
Race			Relationship			
(1)						
(2)						
(3)						
<b>Possible Destinations:</b>						
<b>Operator's License Number:</b>				State:		Date of Expiration:
<b>Vehicle Plate Number:</b>		State:		Year of Exp.		Style:
Color		Vehicle Year:		Make:		Model:
Lic. Type:		VIN:				

**DENTAL INFORMATION****Dental Records Available:**  Yes  No**Dentist Name:****Phone Number: Home:****Address (Include City/State):****Dentist Name:****Phone Number: Home:****Address (Include City/State):****Dentist Name:****Phone Number: Home:****Address (Include City/State):****MEDICAL INFORMATION****Body X-Rays Available:**  Yes  No / **Location of the X-Rays:****Physicians Name:****Phone Number: Home:****Address (Include City/State):****Physicians Name:****Phone Number: Home:****Address (Include City/State):****Physicians Name:****Phone Number: Home:****Address (Include City/State):****Authorizations 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 authorize the release of all medial and dental records to assist law enforcement agencies in locating the missing person.

**SIGNATURE:****RELATIONSHIP:****DATE:****Authorizations to Release Photos and Other Information**

I am a family member or next of kin of the missing person reported on this form. I authorize any law enforcement official to use photographs and/or any other identifying information I have provided in any manner they deem necessary in attempting to locate the person I am reporting missing.

**SIGNATURE:****RELATIONSHIP:****DATE:****Additional Information:****Understanding and agreement to Public Officers:****Making false reports to public officers:**

- (1) A person commits the crime of making a false report if He/She willfully makes any untrue, misleading or exaggerated statement in any report to a police or fire department.
- (2) Making a false report is a misdemeanor.
- (3) The named juvenile is presently a runaway.
- (4) The named person is presently missing.
- (5) By signing below I agree that I have read, understand, and agree to all the above.

**SIGNATURE:****RELATIONSHIP:****DATE:**

Officer Name/Number:

Approved by:

Assigned:

Officer Name/Number: