

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

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DATE REPORTED:		INVESTIGATING OFFICER:			INCIDENT #:	
COMPLAINANT						
Last Name:		First Name:		Middle Name:		
ADDRESS:			Relationship:			
PHONE NUMBERS:	HOME:	WORK:	CELL:			
MISSING PERSON						
<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:				
CHARACTERISTICS						
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 :						
Eye Color: <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			Hair Color: <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: _____			
Complexion: <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: _____			Scars, Marks, Tattoos and Other Characteristics: _____			
Blood Type: <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 Unk			Clothing Description: _____ Jewelry Description/Type: _____			
Medication(s) Required: <input type="checkbox"/> Yes <input type="checkbox"/> No / Medication type:						
Cautions/Medical Conditions:						
<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: (_____)						
Photo Available: <input type="checkbox"/> Yes <input type="checkbox"/> No Photo / Photo Received: <input type="checkbox"/> Yes <input type="checkbox"/> No						
Has the person been fingerprinted: <input type="checkbox"/> Yes <input type="checkbox"/> No: (If yes by whom: _____)						
Are Fingerprints Available: <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes location of prints: _____)						
Do they have a personal webpage: (i.e. myspace.com): <input type="checkbox"/> Yes(fill out information) <input type="checkbox"/> No:						
Website Address:	E-mail address:		Login ID:		Password:	
OTHER INFORMATION						
Last Seen in the Company of:		Last Place Seen:				
Last Name		First Name	Middle Name	Sex	Race	Relationship
(1)						
(2)						
(3)						
Possible Destinations:						
Operator's License Number:			State:	Date of Expiration:		
Vehicle Plate Number:		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: