



MISSING PERSON ENTRY FORM

AGENCY: _____ REPORT #: _____ OFFICER: _____

DATE / TIME REPORT TAKEN: _____

MISSING PERSON: _____ CIRCUMSTANCES: _____

NAME: _____ SEX: _____ RACE: _____

ETHNICITY: _____ DATE OF BIRTH: _____

HEIGHT: _____ WEIGHT: _____ EYE COLOR: _____ HAIR COLOR: _____

SSN: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIPCODE: _____

OPERATOR'S LICENSE #: _____

OPERATOR'S LICENSE STATE: _____ EXPIRATION YEAR: _____

MISC INFORMATION:

CVD USE BEYOND THIS LINE

OCA#: _____ NIC#: _____

ENTERED INITIALS: _____

ENTERED DATE: _____ ENTERED TIME: _____