

CONTACT INFO

Agency:

Agency address:

Person handling the case:

Case #:

NCIC#

Phone #:

Fax #:

E-mail:

CASE INFO:

Name of missing: _____

Sex _____ Race _____

Age when missing: _____

Date Missing _____

Birth date _____

Hair Color _____ Long _____ Med _____ Short _____

Eye Color _____

Height _____ FT. _____ IN.

Weight _____ LBS.

Tattoos (describe)

Piercings: Ears _____ Nose _____ Eyebrow _____ Belly _____ Other _____

Previous fractures or broken bones :

Dentals: Dentures _____ Braces _____ Bridge _____ Caps _____ Overbite _____ Underbite _____ Gaps _____

Clothing / jewelry last known wearing:

Location last seen (city, town county & address)

Vehicle last seen in if any:

Tag #:

Are Dentals , DNA or Fingerprints available (please specify)

Circumstances :