MISSING PERSON WORKSHEET

MISSING CATEGORY

Cancel __

☐ Disabil ☐ Endan ☐ Involur ☐ Juvenil ☐ Disaste	-			☐ Yes CHILD ABDUCTION FLAG ☐ Yes														
ENTE	ER				NCIC AGENCY IDENTIFIER WI													
Name Last						First						Middle				Suffix		
Sex I	Race	Date of Birth					man	cipation (Juve	venile) Place of Birth						Height	Weight		
Eye Color Hair Color FBI Number						Skintone Scar, Mark, Tattoo					Fingerprint Class							
Miscellane		Social Security Number					State Identification Number											
DL State	DL State Driver License Number						Expiration			e of Last Contac	et	Agency Ca			ase Number			
Street Add								City				State						
License Pla	Plate St	ate	Expires	F	Plate Type	VIN		'					'					
Vehicle Year Vehicle Make						Model					Sty	yle	Cole	or				
Blood Type Circumcision Footprints E					Bod	dy X-Rays Glasses												
Jewelry Ty	ype				<u> </u>													
Jewelry Do	escriptio	n																
Remarks																		
Operator Agency Unit									System Identification Nu			umber NCIC 1			nber			
Completed by: Name							Ver	ification				Date F			eason			
	Enter Modify										_							

CAUTION INDICATOR