



MISSING PERSON REPORT

Pursuant to Penal Code §13519.07(d)

<input type="checkbox"/> Adult <input type="checkbox"/> Child		Date and Time of Report			Date and Time of Last Contact			Report Number		
Report Type <input type="checkbox"/> Runaway <input type="checkbox"/> Voluntary Missing Adult <input type="checkbox"/> Parental/Family Abduction <input type="checkbox"/> Dependant Adult <input type="checkbox"/> Unknown Circumstances <input type="checkbox"/> Stranger Abduction <input type="checkbox"/> Suspicious Circumstances <input type="checkbox"/> Catastrophe <input type="checkbox"/> Lost										
Category (Special Handling) <input type="checkbox"/> Prior Missing <input type="checkbox"/> Sexual Exploitation <input type="checkbox"/> Urgent Case <input type="checkbox"/> Abducted During a Crime <input type="checkbox"/> Amber Alert <input type="checkbox"/> At Risk, Describe:										
Name (Last, First, Middle)					Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		Race <input type="checkbox"/> K - Korean <input type="checkbox"/> A - Other Asian <input type="checkbox"/> L - Laotian <input type="checkbox"/> B - Black <input type="checkbox"/> O - Other <input type="checkbox"/> C - Chinese <input type="checkbox"/> P - Pacific Islander <input type="checkbox"/> D - Cambodian <input type="checkbox"/> S - Samoan <input type="checkbox"/> F - Filipino <input type="checkbox"/> U - Hawaiian <input type="checkbox"/> G - Guamanian <input type="checkbox"/> V - Vietnamese <input type="checkbox"/> H - Hispanic, Latin, or Mexican <input type="checkbox"/> W - White <input type="checkbox"/> I - American Indian <input type="checkbox"/> X - Unknown <input type="checkbox"/> J - Japanese <input type="checkbox"/> Z - Asian Indian			
Alias/Moniker/Nickname					DOB/Age					
Height		Weight	Eye Color	Corrective Lenses <input type="checkbox"/> Glasses <input type="checkbox"/> Contacts		Hair Color/Style				
Facial Hair		Scars/Marks/Tattoos				Driver's License/ID Number				
Residence Address, City, State, Zip Code					Residence Phone Number		Social Security Number			
Business Address, City, State, Zip Code					Business Phone Number		CII Number			
E-Mail Address					Cell Phone Number		FBI Number		Local Reference Number	
Social Networking Site(s) and Screen Name(s)								Probation/Parole/Social Worker Name & Phone		
Clothing					Jewelry					
Last Known Location/Activity (Description or Address, City, State, Zip Code)					Possible Destination (Description or Address, City, State, Zip Code)					
Alcohol, Drug, Mental Health, or Medical Condition					Known Associates/Lifestyle					
Per Penal Code §14206, submit photographs, dental/skeletal x-rays, and fingerprints for entry into the Missing Person System. Mail to: Department of Justice Missing & Unidentified Person Section, P.O. Box 903387, Sacramento, CA 94203-3870 or E-Mail to: missing.persons@doj.ca.gov										
X-rays Available Dental <input type="checkbox"/> Yes <input type="checkbox"/> No Skeletal <input type="checkbox"/> Yes <input type="checkbox"/> No		Visible Dental Work <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Describe:		Dentures: <input type="checkbox"/> Upper <input type="checkbox"/> Full <input type="checkbox"/> Lower <input type="checkbox"/> Partial		Braces: <input type="checkbox"/> Upper <input type="checkbox"/> Lower		Dentist Name, Address, Phone Number		
Photo Available <input type="checkbox"/> Yes <input type="checkbox"/> No		Age in Photo	Fingerprints <input type="checkbox"/> Yes <input type="checkbox"/> No		Broken Bones/Missing Organs <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Describe:		Medical Provider Name, Address, Phone Number			
Operator <input type="checkbox"/> Missing Person <input type="checkbox"/> Suspect <input type="checkbox"/> Other, Describe:				Registered Owner <input type="checkbox"/> Missing Person <input type="checkbox"/> Suspect <input type="checkbox"/> Other, Describe:			License Number		State, Province, Country	Registration Expiration
<input type="checkbox"/> Stolen	Veh. Year	Make	Model	Body Style	Color(s)		Damage to Vehicle			
Name (Last, First, Middle)					Relationship to Missing Person		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		Race	DOB/Age
Alias/Moniker(s)/Screen Name(s)					Height	Weight	Eye Color	Hair Color/Style		Facial Hair
Address, City, State, Zip Code					Phone Number		E-Mail Address			
Scars/Marks/Tattoos					Clothing					
Name (Last, First, Middle)					Relationship to Missing Person		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		Race	DOB/Age
Address, City, State, Zip Code					Phone Number		E-Mail Address			
Reporting Officer			ID/Badge #	Date	Investigating Agency Address and Phone Number			Forward Copy of Report to: (per PC §14205)		
Approving Officer			ID/Badge #	Date	Internally Route to:					



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Pursuant to Penal Code §13519.07(d)

Missing Person's Name (Last, First, Middle)	DOB/Age	Report Number
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Narrative

Authorization to release photo, dental, and skeletal x-rays per PC §14206

I am a family member, next-of-kin, or law enforcement official investigating the disappearance of the missing person, and I hereby authorize the release of all dental or skeletal x-rays and treatment notes, photographs, physical description, and circumstances surrounding the disappearance to assist law enforcement agencies in locating the above named missing person. This information may be used by the Department of Justice for inclusion in bulletins and posters, which will be distributed throughout California and on the Internet, including the Attorney General's Web Site at <http://oag.ca.gov/> and the FBI's National Dental Image Repository, to assist law enforcement agencies in locating the missing person.

Yes No Initial _____

Authorization to release information to the National Missing and Unidentified Person System per PC §14201.3

I am a family member, next-of-kin, or law enforcement official investigating the disappearance of the missing person and I hereby authorize the release of all dental or skeletal x-rays, photographs, physical description, and circumstances surrounding the disappearance to the National Missing and Unidentified Person System (NamUs) at <http://namus.gov/>.

Yes No Initial _____

Name	Signature	Date
Relationship to Missing Person	Address	Phone Number

Submit photograph(s), dental/skeletal x-rays, and fingerprints to:

California Department of Justice, Missing & Unidentified Persons Section
P.O. Box 903387, Sacramento, CA 94203-3870
missing_persons@doj.ca.gov

Release of Information