



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	
Social Networking Site(s) and Screen Name(s)			Local Reference Number		
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
<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
Alias/Moniker(s)/Screen Name(s)			Height	Weight	DOB/Age
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
Address, City, State, Zip Code			Phone Number	E-Mail Address	
Reporting Officer		ID/Badge #	Date	Investigating Agency Address and Phone Number	
Approving Officer		ID/Badge #	Date	Forward Copy of Report to: (per PC §14205)	
				Internally Route to:	



MISSING PERSON REPORT

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