MISSING PERSONS PACKET

RESET

(Clears all Fields in the Form)

MPU CASE NUMBER

NAME (Last, First, Middle) | ALIAS/NICKNAMES

PLACE OF BIRTH

SEX ☐ M ☐ F

RACE ☐ WHITE ☐ BLACK ☐ AMERICAN INDIAN OR ALASKAN NATIVE ☐ ASIAN OR PACIFIC ISLANDER ☐ HISPANIC ☐ NON-HISPANIC

DATE OF BIRTH MO/DAY/YEAR | AGE

HEIGHT | WEIGHT

EYE COLOR ☐ BLACK ☐ BROWN ☐ BLUE ☐ GRAY ☐ GREEN ☐ HAZEL ☐ MAROON ☐ PINK ☐ MULTI-COLORED ☐ UNKNOWN

HAIR COLOR ☐ BLACK ☐ WHITE ☐ BLOND/STRAWBERRY ☐ BLOND ☐ RED/AUBURN ☐ BROWN ☐ ORANGE ☐ PURPLE ☐ PINK ☐ BLUE ☐ GREEN ☐ SANDY ☐ GRAY/PARTIALLY GRAY ☐ UNKNOWN OR COMPLETELY BALD

HAIR LENGTH ☐ EAR ☐ SHOULDER ☐ COLLAR ☐ BELOW SHOULDER

HAIR STYLE ☐ AFRO ☐ CURLY ☐ STRAIGHT ☐ BRAIDED/PONYTAIL

FACIAL HAIR ☐ NONE ☐ UNSHAVEN ☐ BEARD ☐ GOATEE ☐ MUSTACHE ☐ SIDEBURNS

COMPLEXION ☐ ALBINO ☐ BLACK ☐ FAIR, LIGHT ☐ MEDIUM ☐ DARK ☐ RUDDY ☐ YELLOW ☐ OLIVE ☐ SALLOW

BUILD ☐ THIN ☐ MEDIUM ☐ HEAVY ☐ MUSCULAR

TEETH ☐ NORMAL ☐ DECAYED ☐ GAPS ☐ DENTURES ☐ GOLDCAPPED ☐ SILVER-CAPPED ☐ CHIPPED ☐ BRACES ☐ PROTRUDING

SCARS, MARKS, DEFORMITIES (Describe and indicate location on body, including tattoos)

SOCIAL SECURITY NUMBER | DRIVER'S LICENSE NUMBER | OPERATOR'S LICENSE STATE | HAS THE MISSING PERSON EVER BEEN FINGERPRINTED? ☐ NO ☐ YES IF YES, BY WHOM?

DATE AND TIME LAST SEEN MO/DAY/YR TIME ☐ AM ☐ PM | LOCATION LAST SEEN (City, State) | POSSIBLE DIRECTION OF TRAVEL (City, State)

LAST SEEN WEARING (Hat, Shirt, Glasses, Pants, Shoes and Shoe Size, etc.)

JEWELRY TYPE | JEWELRY DESCRIPTION

IN COMPANY WITH (Name and Age)

PRESENT MENTAL STATE ☐ DEPRESSED ☐ SUICIDAL ☐ AMNESIA ☐ OTHER _____

MISSING PERSON'S OCCUPATION

MEDICATION REQUIRED ☐ YES ☐ NO

REASON _____

TYPE _____

VEHICLE MAKE | MODEL | STYLE | YEAR | LICENSE NUMBER | LICENSE STATE | COLOR

OTHER IDENTIFYING CHARACTERISTICS OF VEHICLE (Vehicle Identification Number, license plate type, decals, damage, etc.)

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BACKGROUND INFORMATION

HOBBIES AND INTERESTS (Dancing, Swimming, Fishing, etc.)

ASSOCIATIONS (Clubs, Organizations, Gangs, etc.)

TYPE OF HANGOUTS FREQUENTED (Country Bars, Video Arcades, Night Clubs, Bowling Alleys, Skating Rinks, etc.)

PLEASE INCLUDE ANY PERTINENT INFORMATION REGARDING THE MISSING PERSON NOT ADDRESSED ELSEWHERE ON THIS FORM.

IF POSSIBLE, ENCLOSE A WALLET-SIZE, CURRENT PHOTOGRAPH OF EACH MISSING PERSON AND THE ABDUCTOR.

MEDICAL/DENTAL INFORMATION

NAME OF DENTIST	TELEPHONE NUMBER ( )
STREET ADDRESS	CITY, STATE, ZIP
NAME OF ORTHODONTIST	TELEPHONE NUMBER ( )
STREET ADDRESS	CITY, STATE, ZIP
NAME OF ORAL SURGEON	TELEPHONE NUMBER ( )
STREET ADDRESS	CITY, STATE, ZIP
NAME OF PERSONAL PHYSICIAN	TELEPHONE NUMBER ( )
STREET ADDRESS	CITY, STATE, ZIP

THE FOLLOWING DENTAL INFORMATION SHOULD BE SUBMITTED TO THE INVESTIGATING AGENCY:

- **ORIGINAL** X-RAYS (*old* and *most recent*)
- INTRAORAL PHOTOGRAPHS
- COPY OF TREATMENT RECORD
- DENTAL CASTS

DENTAL RECORDS AVAILABLE ☐ YES ☐ NO	DOCTOR'S RECORDS (x-rays, etc.) AVAILABLE ☐ YES ☐ NO	MISSING ORGANS	BLOOD TYPE
UNUSUAL DENTAL CHARACTERISTICS			DNA AVAILABLE? ☐ YES ☐ NO

OPTICAL INFORMATION

GLASSES OR CONTACT LENSES? ☐ YES ☐ NO	IF CONTACT LENSES, WHAT KIND?

IF GLASSES, WHAT TYPE OF FRAMES?

PRESCRIPTION

Right Eye Left Eye

NAME OF OPTICIAN, OPTOMETRIST, OR OPTHALMOLOGIST	TELEPHONE NUMBER ( )
STREET ADDRESS	CITY, STATE, ZIP

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AUTHORIZATION TO RELEASE DENTAL AND MEDICAL INFORMATION

I am a family member or next of kin of the missing person reported on this form. I hereby authorize the release of all medical and dental records to assist law enforcement agencies in locating the missing person.

SIGNATURE OF FAMILY MEMBER OR NEXT OF KIN	DATE

RELATIONSHIP	STREET ADDRESS	CITY, STATE, ZIP

PLEASE NOTIFY THE WSP MISSING PERSONS UNIT AS SOON AS POSSIBLE AFTER LOCATION OF PERSON HAS BEEN DETERMINED.

IF THE MISSING PERSON IS A VICTIM OF CUSTODIAN INTERFERENCE, PLEASE INCLUDE CUSTODY DOCUMENT(S).

SEND COMPLETED FORM AND CUSTODY PAPERS TO:

WASHINGTON STATE PATROL
MISSING PERSONS UNIT
PO BOX 2347
OLYMPIA WA 98507-2347
1-800-543-5678 (KID-LOST)
FAX (360) 704-2971

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PUBLICATION REQUEST AND AGREEMENT

Regarding: _____ (missing person)

I request that the Washington State Patrol publish in a law enforcement bulletin the name, age, description, photograph, and circumstances surrounding the status of the Missing Person. Any information supplied by me shall be truthful. I understand that the information I provide may be published in more than 1,000 reports, made available to law enforcement, hospitals, medical examiners, children's shelters, social services, other agencies or organizations involved with missing children and, ultimately, the news media and the public.

In exchange for the distribution of this information, I agree to hold the Washington State Patrol and other law enforcement or state agencies harmless for any liability occasioned by the distribution of the information referenced above, including any liability or defense costs in an action that may be subsequently prosecuted by the subject child.

SIGNED

PRINT NAME

RELATIONSHIP TO MISSING PERSON	STREET ADDRESS	CITY, STATE, ZIP

HOME TELEPHONE NUMBER	CELL TELEPHONE NUMBER
( )	( )

DATE

REPORTING AGENCY

AGENCY CASE #	WAC #	NIC#

INVESTIGATING OFFICER	PHONE
	( )