MISSING PERSONS PACKET

MUPU CASE NUMBER

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

SEX ☐ M ☐ F

RACE ☐ WHITE ☐ BLACK ☐ NATIVE AMERICAN ☐ 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

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.)

ASSOCIATES | 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.)

BACKGROUND INFORMATION

SOCIAL MEDIA

TRAFFICKING INFORMATION OR CONCERNS

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.

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MEDICAL/DENTAL INFORMATION

NAME OF DENTIST	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

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 AND UNIDENTIFIED 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 AND UNIDENTIFIED PERSONS UNIT
PO BOX 42634
OLYMPIA WA 98504-2634
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
	( )