

# North Reading Police Department

## Missing Person Report

Date/ Time Rec'd: \_\_\_\_\_  
Officer: \_\_\_\_\_  
Investigating Officer: \_\_\_\_\_  
Date Entered LEAPS/NCIC: \_\_\_\_\_  
Reporting Party: \_\_\_\_\_  
Address: \_\_\_\_\_

OCA#: \_\_\_\_\_  
LEAPS#: \_\_\_\_\_  
NCIC#: \_\_\_\_\_  
Operator: \_\_\_\_\_  
Tel #: \_\_\_\_\_  
Relationship: \_\_\_\_\_

Missing Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_  
(Last, First, Middle)

Soc. Sec. #: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Address: \_\_\_\_\_ Tel #: \_\_\_\_\_

Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Build: \_\_\_\_\_

Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Hair Style/Length: \_\_\_\_\_

Eye Glasses: \_\_\_\_\_ Style: \_\_\_\_\_ Contact Lenses: \_\_\_\_\_

Facial Hair (beard, mustache etc.): \_\_\_\_\_

Condition of Teeth: \_\_\_\_\_ Jewelry Worn: \_\_\_\_\_

Clothing last seen worn: \_\_\_\_\_

Scars/Marks/Tattoos/Piercings: \_\_\_\_\_

Date/Time Missing: \_\_\_\_\_ Where and When Last Seen: \_\_\_\_\_

Possibly Traveling With: \_\_\_\_\_

Possibly Traveling To: \_\_\_\_\_

Person to Notify When Found: \_\_\_\_\_ Tel #: \_\_\_\_\_

If Missing Is a Juvenile

School Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Tel #: \_\_\_\_\_

Any Deviation from Normal Behavior? \_\_\_\_\_

Name of Parent or Legal Guardian: \_\_\_\_\_

Address: \_\_\_\_\_ Tel #: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Tel #: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Motor Vehicle Information

Year:\_\_\_\_\_ Make:\_\_\_\_\_ Model:\_\_\_\_\_ Color:\_\_\_\_\_

Plate: \_\_\_\_\_ State:\_\_\_\_\_

Owner's Name:\_\_\_\_\_ Tel #:\_\_\_\_\_

Describe any Mental/Emotional/ Physical Problems: \_\_\_\_\_

\_\_\_\_\_

Does Person Take Medications: Yes \_\_\_\_ No \_\_\_\_ What Kinds: \_\_\_\_\_

When Last Taken: \_\_\_\_\_ When Needed Next: \_\_\_\_\_

Effects of Medication: \_\_\_\_\_

Has the Person Ever Been Reported Missing Before: \_\_\_\_\_ How Long Ago: \_\_\_\_\_

Circumstances: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Names/ Addresses/Phone Numbers Friends/Relatives: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Places Frequented: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Extent to which Friends and Relatives have searched: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Anything else that you think would be helpful to us in locating the person: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

***You must check one:***

\_\_\_\_\_ **DISABILITY** - **Missing Type/D** - A person of any age who is missing and under proven physical/mental disability or is senile, thereby subjecting himself/herself or others to personal and immediate danger.

\_\_\_\_\_ **ENDANGERED** - **Missing Type/E** - A person of any age who is missing under circumstances indicating that his/her physical safety may be in danger.

\_\_\_\_\_ **INVOLUNTARY** - **Missing Type/I** - A person of any age who is missing under circumstances indicating that the disappearance may not have been voluntary, e.g., abduction or kidnapping.

\_\_\_\_\_ **JUVENILE** - **Missing Type/J** - A person who is less than 18 who is missing and is not declared emancipated and who does not meet any of the criteria set forth in 1, 2, or 3 above.

\_\_\_\_\_ **CATASTROPHE VICTIM** - **Missing Type/V** - A person of ANY AGE missing after a catastrophe, e.g., storm, plane crash.

\_\_\_\_\_ **JUVENILE ABDUCTION** - **Missing Type/A** - A person who is less than 18 and there is a reasonable indication or suspicion that the child has been abducted.

\_\_\_\_\_ **JUVENILE FOUL PLAY** - **Missing Type/F** - A person who is less than 18 and who is missing under circumstances suggesting foul play or a threat to life.

**Affidavit**

**I solemnly swear, (or affirm) that the individual I have reported/declared missing as indicated in the category checked above; That his/her whereabouts are unknown; That there are no active court orders prohibiting my having any type of contact with him/her; That upon their return, or contact with them, I will immediately notify the North Reading Police Department**

**Name of Complainant:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Signature:** \_\_\_\_\_