

# MISSING PERSON DATA COLLECTION GUIDE

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Printed by:  
New York State Division of Criminal Justice Services  
Missing Persons Clearinghouse  
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The NYS Missing and Exploited Children Clearinghouse was established within the NYS Division of Criminal Justice Services in 1987 and the Vulnerable Adult Clearinghouse was established in 2011. Both have been combined to form the Missing Persons Clearinghouse (MPC) which operates pursuant to the [NYS Executive Law 837-f1](#). In addition, MPC is also responsible for providing assistance in cases involving missing college students pursuant to the "[NYS Campus Safety Act of 1999](#)"

The Missing Vulnerable Adult Act of 2011 is in response to the growing number of instances where individuals with a cognitive impairment, mental disability or brain disorder, wander away from home which can often put them at risk. The program provides for the rapid public dissemination of information regarding vulnerable adults. A vulnerable adult is someone who has a cognitive impairment, mental disability or brain disorder and whose disappearance has been determined by law enforcement to pose a credible threat of harm to such missing individual. The same alert mechanisms used to find missing children is activated for missing vulnerable adults, including the dissemination of posters, a toll-free twenty-four hour hotline and curriculum for training law enforcement personnel.

Services provided by MPC generally fall into three categories: investigative support services for law enforcement (which includes curriculum for training law enforcement personnel), assistance provided to left-behind family members and community education programs. To ensure that services are available at all times, MPC operates the 1-800-346-3543 hotline (365 days/year; 24 hours/day).

### **Urgent Services Offered by MPC**

- General investigative support includes:
  - Offering case management support to investigating law enforcement agencies (i.e., assessment of case details, entry of information into state and national databases) and helping to obtain other available urgent services (i.e., National Center for Missing and Exploited Children - NCMEC - Team Adam, other state clearinghouses.)
  - Preparing and electronically distributing missing child posters to public and private sector entities. *NY Alert*, *LOCATER (Law Enforcement Alert Technology Resource)* and *Premiere Global* systems allow for rapid electronic dissemination of high-quality photographic images, biographical information and case details. Information can be sent via broadcast fax, email and text messaging to nearly every law enforcement agency; Thruway service areas/toll booths; bus, train, and airport terminals; many other entities; and public subscription service enrollees across the state in a matter of minutes.
  - Placing missing child and vulnerable adult photographs and biographical information on the DCJS and NCMEC (children only) websites.
  - Developing lead information by searching informational databases, including *TLO*, the *Federal Parent Locator Service* and the Internet (i.e., social networking sites).

- Assisting with entry of missing and unidentified person information into NCIC and DCJS files. (This includes assisting law enforcement agencies and medical examiners coding and entering dental and other anatomical information.)
- When a missing child or vulnerable adult case involves significant endangerment, Alert programs are used to expedite broad law enforcement, broadcaster and community involvement.
  - **The New York State AMBER Alert Program.** Established in 2002, this program is a voluntary partnership between law enforcement, broadcasters and others to immediately involve the public in the search for an abducted child (under age 18). Investigating agencies submit case information directly to the NYSP Communications Section (COMSEC) in Albany. In turn, through use of the electronic distribution systems mentioned above, Alert posters are sent to broadcasters, law enforcement agencies and other entities in the area of the abduction. Details can be seen or heard on television and radio stations; highway variable message signs; lottery in-store ticket terminals; Thruway Authority service area televisions; NYSP, DCJS and NCMEC web sites; and via email, text message and fax.
  - **The DCJS Missing Child/College Student Alert Program.** When a missing child or college student is deemed to be endangered, but the case does *not* meet AMBER Alert activation criteria, an alternative known as a Missing Child/College Student Alert is available. While the distribution mechanisms are generally identical, unlike an AMBER Alert, television and radio station managers decide if and when to broadcast Alert information. Also, highway variable message signs and lottery terminals are not used. Requests for a Missing Child/College Student Alert are made by contacting MPC, and also are submitted to MPC by the NYSP whenever an AMBER Alert request does not meet activation criteria. MPC handles all related responsibilities, including selection of activation regions and distribution of posters.
  - **DCJS Missing Adult Alert Program.** When a missing vulnerable adult is deemed to have a cognitive disorder, mental disability or brain disorder and poses a credible threat of harm to such missing individual, a *Missing Adult Alert* is available. While information is distributed using the AMBER Alert distribution lists and mechanisms, television and radio station managers decide if and when to broadcast information. Requests for a *Missing Adult Alert* are made by contacting the Missing Person Clearinghouse

### **Non-Urgent Services Offered by MPC**

- Provide assistance to police agencies, schools, legislators and others.
- Administer the mandated statewide missing and unidentified person repository. Information contained in this database is submitted by law enforcement agencies via e-JusticeNY. Mandated "flagging" of missing child birth and educational records is facilitated through the use of this data.
- Develop and disseminates missing/abducted child investigative procedures and guides, including videos and podcasts.
- Collaborate with NCMEC and other state clearinghouses. The established network of clearinghouses and related organizations can directly provide nationwide and if necessary, international assistance to law enforcement agencies and family members.
- Offer an ongoing outreach program which includes: downloadable child and Internet safety publications and presentation material (in *PowerPoint* format) available through the DCJS public website; presenting missing and abducted child investigative and Alert training at police conferences and mandated training programs.

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## APPENDIX

**Missing Child/College Student Intake Form**  
**General Authorization to Publicize Form**  
**Runaway Addendum Form**  
**Family Abduction Form**  
**Vulnerable Adult Intake Form**

**AMBER Alert Submission Form**  
**Missing Adult Alert Submission Form**  
**Missing Child/College Student Alert Submission Form**

This guide supersedes all previous versions of the DCJS-1508/NYSP CB-7 for reporting missing persons, in accordance with the provisions of §837(e), §838, and §837(f1) of the NYS Executive Law.

# INSTRUCTIONS

ALL CORRESPONDENCE AND MATERIALS SENT TO NYS DCJS MUST INCLUDE:

NCIC Record Number  
Agency Case Number

Agency Name  
ORI Number

Name of the Missing Person  
Category

QUESTIONS? Call NYS DCJS at 1-800-FIND-KID (1-800-346-3543)

## GENERAL GUIDELINES FOR HANDLING MISSING PERSON CASES

**Children: When investigating a report of a missing child (under the age of 18), a report *must* be taken and biographical information *must* be entered into DCJS/NCIC files *immediately*.**

NYS Executive Law § 838 states: "Notwithstanding any other provision of law, no criminal justice agency shall establish or maintain any policy which requires the observance of a waiting period before accepting and investigating a missing child report. Upon receipt of a missing child report, criminal justice agencies shall make entries of such reports to the register in the manner provided by Section 837-e of this Article."

The Federal *Missing Children Act (1982)* and the *National Child Search Assistance Act (1990)* require police agencies to strenuously investigate every missing child case and to immediately enter all pertinent information to NCIC files. The Federal *Adam Walsh Child Protection and Safety Act (2006)* defines the *immediately* as within two (2) hours and prohibits removal of information from NCIC files when a child turns 18 years of age before being recovered.

These laws apply to all types of missing child cases, including stranger abductions, acquaintance abductions, familial abductions, runaways and lost/unknown circumstances.

**College Students: When investigating a report of a missing college student (any age) and there is any suspicion that his or her well being may be in jeopardy, a report *must* be taken and biographical information *must* be entered into DCJS/NCIC files *immediately*.**

The NYS Campus Safety Act of 1999 requires all public and private colleges and universities to: a) have formal procedures for the investigation of missing students and violent felony offenses, and b) enter into written agreements with local police agencies to ensure that investigations are thorough and well coordinated. The Act also expanded the responsibilities of the NYS DCJS Missing and Exploited Children Clearinghouse (NYS DCJS/MPC) to assist with searches for missing college students.

**Adults: When investigating a report of a missing adult and there is any suspicion that his or her well being may be in jeopardy, a report *should* be taken and biographical information *should* be entered into DCJS/NCIC files *immediately*.**

Updates – September 2012

Effective October 23, 2011, the Missing and Exploited Children Clearinghouse became the Missing Person Clearinghouse with the enactment of following Executive Laws:

**§ 837-f-1. Missing Vulnerable Adults Clearinghouse** - There is hereby established within the division a missing vulnerable adults clearinghouse to provide a comprehensive and coordinated approach to the problem of missing vulnerable adults.

**§ 838. Identification of Unknown Dead and Missing Persons –**

10. Notwithstanding any other provision of law, ***no criminal justice agency shall establish or maintain any policy that requires the observance of a waiting period before accepting and investigating a report of a missing vulnerable adult as defined in section eight hundred thirty-seven-f-one of this article.*** Upon receipt of a report of such missing vulnerable adult, criminal justice agencies shall make entries of such report in the manner provided by subdivision eleven of this section.

It should be noted that the DCJS eJusticeNY Integrated Portal System enables NY State users to enter more specific missing person's conditions than NCIC does. The condition will be converted to the NCIC default conditions when the entry is received by the FBI. Please note the DCJS Conditions and Circumstances listed below. Please ensure that when entering a missing person that the most appropriate condition and circumstance is utilized.

### Missing Persons Conditions via DCJS eJusticeNY Integrated Portal System

Condition Type	Description
<b>Disaster Victim</b>	A person of any age who is missing after a catastrophe.
<b>Disabled</b>	A person of any age who is missing and under proven physical disability subjecting himself/herself to personal and immediate danger.
<b>Endangered</b>	A person of any age who is missing under circumstances indicating that his/her physical safety may be in danger.
<b>Foul Play/Life Threatening</b>	Child or adult is reported missing and the circumstances give rise to believe the following; <ul style="list-style-type: none"> <li>• Foul play may be involved</li> <li>• The person is a danger to self or others (due to mental, physical or emotional conditions)</li> <li>• The disappearance is out of character for the person and no known reason can be determined</li> </ul>
<b>Involuntary</b>	A person of any age who is missing under circumstances indicating that the disappearance may not have been voluntary, i.e., abduction or kidnapping.
<b>Juvenile</b>	A person under the age of 18 who is missing and not declared emancipated by the law and does not meet the entry criteria set forth in above listed condition types.
<b>Other</b>	Child or adult who is reported missing but there are insufficient facts to determine the circumstances.
<b>Vulnerable Adult</b>	A person 18 years or older who is missing and has a cognitive impairment, mental disability or brain disorder and there it is believed the missing individual is at a credible risk of harm. *Because this Missing Person Condition exists only in the eJusticeNY IJ Portal, the record will default to Disabled when uploaded to NCIC.

## Missing Persons Circumstance via the DCJS eJusticeNY Integrated Portal System

The Missing Person Circumstance (MPC) is a conditionally required field for all juvenile entries and provides additional information concerning the nature of the disappearance. MPC field categories include:

Circumstance Type	Description
<b>Acquaintance Abduction</b>	Child who is taken or abducted against their will by a known person to the child or family.
<b>Adult Federally Required Entry</b>	Title 42, United States code (USC), Section 5779 (a), states that agencies are required to enter records into the NCIC Missing Person File for missing individuals under the age of 21. In order to comply with this federal law (Suzanne’s Law) the Missing Person Circumstance of Adult Federally Required Entry is used.
<b>Circumstances Unknown</b>	A child who is reported missing but there are insufficient facts to determine the circumstances.
<b>Familial Abduction</b>	A child who is taken, detained, concealed, enticed away, or retained by a parent/family member or person at the request of the parent.
<b>Lost/Wandered Away</b>	A child who is reported to have strayed or wandered away and whose whereabouts is unknown.
<b>Runaway</b>	A child under 18 years of age who is reported missing but has left of their own free will or has been rejected or “thrown away” by their family.
<b>Stranger Abduction</b>	A child who is taken or abducted against their will by an unknown person or a known person who is not a family member.

- (1) **NCIC Initial Entry Report** - A copy of this report is located on pages 4 and 5. The investigating officer should complete the report, immediately enter information into DCJS/NCIC files and file the report in accordance with agency procedures. To expedite entry of information into DCJS/NCIC files, the format of the Missing Person Report (including codes) follows the e-JusticeNY integrated justice portal screen formats.

### **If the missing person is a child or college student**

The New York State “General Authorization” and “Missing Child/College Student Report” forms (located in the “Appendix”) should be completed and signed by a parent, legal guardian or next of kin. Upon receipt, they should be reviewed to ensure that information is complete and accurate.

The original “General Authorization”, “NCIC Initial Entry Report” and/or “Missing Child/College Student Report” forms should be retained by the investigating law enforcement agency. Copies should be forwarded to NYS DCJS/MPC via fax, email or mail.

- (2) **Personal Descriptors/Jewelry Type** - Information about personal descriptors and jewelry type should be obtained from the person making the missing person report. This should be done as soon as possible and information should be recorded on the *Personal Descriptors Form (pages 8-19)* and *Jewelry Type Form (page 20)*. Ensure that all information is promptly added to the DCJS/NCIC missing person record.

If the case involves a child, parents or legal guardians should be asked to complete these forms and return them to either the investigating law enforcement agency or directly to NYS DCJS/MPC. If they are returned to the investigating law enforcement agency, the agency is responsible for updating DCJS/NCIC entries and forwarding copies of the forms to NYS DCJS/MPC.

(3) **Medical, Dental and Optical Information** - Ensure that *Medical Records Authorization Form (page 7)* is completed and signed by a parent, guardian or next of kin. A police officer or a parent/guardian must then take the forms to the missing person's physician, dentist and/or eye care provider and request that all available information, including x-rays, be provided. Ensure that all information is promptly added to the DCJS/NCIC missing person record.

(4) **Dental History Information**

Retain the authorization in agency files for 30 days. If the person is still missing after 30 days, take the authorization form and the remainder of the *Dental History Section (pages 28 - 36)* to the missing person's dentist. The dentist should be directed to return the completed form and related records for entry into DCJS/NCIC files. NYS Executive Law § 838 requires that a dentist provide requested information within 10 days.

When dental history information is received from a dentist, ensure that all information is promptly added to the DCJS/NCIC missing person record. After information is entered by an investigating law enforcement agency, all dental charts, records, x-rays, photographs and models should be forwarded to NYS DCJS/MPC for evaluation and storage. If preferred, records can be forwarded to NYS DCJS/MPC for entry.

If no parent, guardian or next of kin is available to complete the authorization, a police or peace officer may submit the authorization; provided he or she executes a written declaration stating that an investigation is being conducted to locate the missing person and the dental records are necessary for the exclusive purpose of furthering the investigation.

(5) **Miscellaneous Data**

Any other information available about the missing person should be documented on this form (*page 21*). Ensure that all information is promptly added to the DCJS/NCIC missing person record.

(6) **External Characteristics Body Diagrams**

These sheets (*pages 22-25*) should be used by the parents, legal guardian, next of kin, complainant, medical professional and/or investigating officer(s) to indicate precise locations of scars, marks, tattoos and other characteristics. Ensure that all information is promptly added to the DCJS/NCIC missing person record.

(7) **Internal Characteristics Coding Sheet**

This sheet (*page 26*) should be used by the parents, legal guardian, next of kin, complainant, medical professional and/or investigating officer(s) to describe additional physical characteristics that may not be readily visible, including surgeries and missing organs. Ensure that all information is promptly added to the DCJS/NCIC missing person record.

(8) **Images**

Images of the missing person (i.e., photos, signature) should be obtained, entered into NCIC and associated with the missing person record.

(9) **When the missing person is located**

Send a cancellation message via the eJusticeNY integrated justice portal.

DCJS will purge files and return original medical records, dental charts, x-rays, photographs and models to respective medical and/or dental offices. Fingerprints and other records will be returned to the investigating law enforcement agency or family members, if appropriate.

## **ADDITIONAL NOTES**

Records of missing children/juveniles will remain in NYS DCJS and NCIC missing person files until the originating agency cancels the record, or another agency places a locate against the record.

NYS Executive Law § 837 requires NYS DCJS/MPC to flag the school and birth records of all missing children who were born or attended school in New York State. In order to comply with flagging requirements, NYS DCJS/MPC must include the name and address of the child's school or school district, place of birth (city/state/country), mother's maiden name, and father's name, if available. It is extremely important that this information be provided when entering the child into DCJS/NCIC files, since flagging letters are generated from entries made by investigating law enforcement agencies.

NYS DCJS/MPC cannot publicize a case unless the investigating law enforcement agency obtains and forwards an "General Authorization" form signed by a parent or legal guardian. In the case of a familial abduction, a copy of the most current custody order must accompany the "General Authorization" form.

**NCIC Missing Person File  
Data Collection Entry Guide**

Agency Case # \_\_\_\_\_

<b>NCIC Initial Entry Report</b>																								
Message Key (MKE) (See Categories, page 2) <input type="checkbox"/> Disability (EMD) <input type="checkbox"/> Catastrophe Victim (EMV) <input type="checkbox"/> Other (EMO) <input type="checkbox"/> Juvenile (EMJ) <input type="checkbox"/> Involuntary (EMI) <input type="checkbox"/> Endangered (EME) <input type="checkbox"/> Caution			Date <hr/> Reporting Agency (ORI)																					
Name of Missing Person (NAM)			Sex (SEX) <input type="checkbox"/> Male (M) <input type="checkbox"/> Female (F)																					
Aliases																								
Race (RAC) <input type="checkbox"/> Asian or Pacific Islander (A) <input type="checkbox"/> American Indian/Alaskan Native (I) <input type="checkbox"/> Black (B) <input type="checkbox"/> White (W) <input type="checkbox"/> Unknown (U)		Place of Birth (POB)		Date of Birth (DOB)																				
Date of Emancipation (DOE)	Height (HGT)	Weight (WGT)	Eye Color (EYE) <input type="checkbox"/> Brown (BRO) <input type="checkbox"/> Hazel (HAZ) <input type="checkbox"/> Unknown (XXX) <input type="checkbox"/> Black (BLK) <input type="checkbox"/> Gray (GRY) <input type="checkbox"/> Maroon (MAR) <input type="checkbox"/> Multicolored (MUL) <input type="checkbox"/> Blue (BLU) <input type="checkbox"/> Green (GRN) <input type="checkbox"/> Pink (PNK)																					
Hair Color (HAI) <input type="checkbox"/> Sandy (SDY) <input type="checkbox"/> Blue (BLU) <input type="checkbox"/> Purple (PLE) <input type="checkbox"/> Brown (BRO) <input type="checkbox"/> Gray or Partially Gray (GRY) <input type="checkbox"/> Green (GRE) <input type="checkbox"/> Unknown or <input type="checkbox"/> Black (BLK) <input type="checkbox"/> Red/Auburn (RED) <input type="checkbox"/> Orange (ONG)    Completely Bald <input type="checkbox"/> White (WHT) <input type="checkbox"/> Blond/Strawberry (BLN) <input type="checkbox"/> Pink (PNK)    (XXX)			FBI Number (FBI)																					
Skin Tone (SKN) <input type="checkbox"/> Yellow (YEL) <input type="checkbox"/> Lt. Brown (LBR) <input type="checkbox"/> Ruddy (RUD) <input type="checkbox"/> Albino (ALB) <input type="checkbox"/> Dk. Brown (DBR) <input type="checkbox"/> Medium (MED) <input type="checkbox"/> Sallow (SAL) <input type="checkbox"/> Black (BLK) <input type="checkbox"/> Fair (FAR) <input type="checkbox"/> Medium Brown (MBR) <input type="checkbox"/> Dark (DRK) <input type="checkbox"/> Light (LGT) <input type="checkbox"/> Olive (OLV)			Scars, Marks, Tattoos, and Other Characteristics (SMT) (See Checklist, page 8)																					
Has the missing person ever been fingerprinted? <input type="checkbox"/> No <input type="checkbox"/> Yes, by whom? _____		Other Identifying Numbers (MNU)																						
Fingerprint Classification (FPC)* <table style="width:100%; border: none;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table>																								
Social Security Number (SOC)		Operator's License Number (OLN)		Operator's License State (OLS)																				
Missing Person (MNP) <input type="checkbox"/> Missing Person (MP) <input type="checkbox"/> Catastrophe Victim (DV) <input type="checkbox"/> Child Abduction (CA) <input type="checkbox"/> AMBER Alert (AA)			Date of Last Contact (DLC)	Originating Agency Case Number (OCA)																				
Miscellaneous (MIS) Information such as build, handedness, any illness or diseases, clothing description, hair description, should be included. If more space is needed, attach additional sheet.**				Missing Person Circumstances (MPC) <input type="checkbox"/> Abducted By Stranger (S) <input type="checkbox"/> Runaway (R) <input type="checkbox"/> Abducted By Non-custodial Parent (N)																				
License Plate Number (LIC)		State (LIS)	Year Expires (LIY)		License Plate Type (LIT)																			
Vehicle Identification Number (VIN)				Year (VYR)																				
Make (VMA)		Model (VMO)	Style (VST)	Color (VCO)																				

Rev 2/06 \* Fingerprints, if available, may be submitted electronically via the CJIS Wide Area Network or in hard copy to the FBI, CJIS Division, Post Office Box 4142, Clarksburg, West Virginia 26302-9929.

\*\* All dental information should be recorded on the NCIC Missing Person Dental Report and entered into NCIC as supplemental information.

**NCIC Missing Person File  
Data Collection Entry Guide**

**Agency Case #** \_\_\_\_\_

Caution and Medical Conditions (CMC)					
Code	Description	Code	Description	Code	Description
00	Armed and dangerous	25	Escape risk	65	Epilepsy
05	Violent tendencies	30	Sexually violent predator - contact ORI for detailed information	70	Suicidal
10	Martial arts expert	50	Heart condition	80	Medication required
15	Explosives expertise	55	Alcoholic	85	Hemophiliac
20	Known to abuse drugs	60	Allergies	90	Diabetic
				01	Other
Has the missing person ever donated blood? (MIS)		Blood Type (BLT)			
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> A Positive (APOS) <input type="checkbox"/> B Positive (BPOS) <input type="checkbox"/> AB Positive (ABPOS) <input type="checkbox"/> O Positive (OPOS) <input type="checkbox"/> Unknown (UNKWN) <input type="checkbox"/> A Negative (ANEG) <input type="checkbox"/> B Negative (BNEG) <input type="checkbox"/> AB Negative (ABNEG) <input type="checkbox"/> O Negative (ONEG) <input type="checkbox"/> A Unknown (AUNK) <input type="checkbox"/> B Unknown (BUNK) <input type="checkbox"/> AB Unknown (ABUNK) <input type="checkbox"/> O Unknown (OUNK)			
Circumcision? (CRC)		Footprints available? (FPA)		Body X-Rays? (BXR)	
<input type="checkbox"/> Was (C) <input type="checkbox"/> Was Not (N) <input type="checkbox"/> Unknown (U)		<input type="checkbox"/> Yes (Y) <input type="checkbox"/> No (N)		<input type="checkbox"/> Full (F) <input type="checkbox"/> Partial (P) <input type="checkbox"/> None (N)	
Does the missing person have corrected vision? (SMT)			Corrective Vision Prescription (VRX)		
<input type="checkbox"/> Yes <input type="checkbox"/> Glasses <input type="checkbox"/> No <input type="checkbox"/> Con Lenses					
Jewelry Type (JWT) (See Checklist, page 20)			Jewelry Description (JWL) (See Checklist, page 20)		
DNA Profile Indicator (DNA)		DNA Location (DLO)			
<input type="checkbox"/> Yes (Y) <input type="checkbox"/> No (N)					
Complainant's Name					
Complainant's Address				Complainant's Telephone Number	
Relationship of Complainant to Missing Person			Missing Person's Occupation (MIS)		
Missing Person's Address					
Close friends/relatives					
Places Missing Person Frequented (MIS)					
Possible destination (MIS)					
Reporting Officer		Reporting Agency Telephone Number		Investigating Officer and Telephone Number (MIS)	
Complainant's Signature			Date		NCIC Number (NIC)

**MEDICAL INFORMATION**

Missing Person's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Date of Last Contact \_\_\_\_\_

Investigating Agency \_\_\_\_\_ Agency Telephone # \_\_\_\_\_ Investigating Officer \_\_\_\_\_

After completing this page, turn to the body diagram page and chart any information that would aid in the identification of the missing person, for example, artificial body parts, eye disorders, deafness, deformities, fractured bones, medical devices, missing body parts, moles, needle marks, other physical characteristics, scars, skin discoloration, and tattoos.

***Medical***

Are body X-rays available?  Yes  No If yes, where? \_\_\_\_\_

Please obtain X-rays and release them to the parent, legal guardian, or next of kin.

\_\_\_\_\_  
Name of Medical Doctor \_\_\_\_\_ Blood Type (Including RH Factor if known) \_\_\_\_\_

\_\_\_\_\_  
Street Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

\_\_\_\_\_  
Telephone Number \_\_\_\_\_

***Optical***

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 Ophthalmologist \_\_\_\_\_ Street Address \_\_\_\_\_

\_\_\_\_\_  
City, State, Zip \_\_\_\_\_ Telephone Number \_\_\_\_\_

***Dental***

\_\_\_\_\_  
Name of Dentist \_\_\_\_\_ Street Address \_\_\_\_\_

\_\_\_\_\_  
City, State, Zip \_\_\_\_\_ Telephone Number \_\_\_\_\_

## AUTHORIZATION TO RELEASE MEDICAL RECORDS

---

Missing Person's Name	Date of Birth	Date of Last Contact
-----------------------	---------------	----------------------

I am the parent/legal guardian/next of kin of the above-named person and I hereby authorize the release of medical records to assist criminal justice agencies in locating the missing person. I understand that the term "medical records" means medical, optical, dental, etc.

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Signature of Parent/Legal Guardian/Next of Kin	Date
--	------

---

Printed Name	Relationship
--------------	--------------

---

Street Address	Telephone Number
----------------	------------------

---

City, State, Zip

## PERSONAL DESCRIPTORS SCARS, MARKS, TATTOOS, AND OTHER CHARACTERISTICS

The following is a list of personal descriptors in order, from the head down to the foot area. Please read them carefully and place a check mark (✓) in the corresponding boxes for the descriptors that most closely describe the physical characteristics of the missing person.

### *Artificial (ART) Body Parts and Aids*

#### EYES

- Artificial eye, nonspecific (ART EYE)
- Artificial left eye (ART L EYE)
- Artificial right eye (ART R EYE)
- Contact lenses (CON LENSES)
- Glasses (prescription) (GLASSES)

#### EARS

- Artificial ear, nonspecific (ART EAR)
- Artificial left ear (ART L EAR)
- Artificial right ear (ART R EAR)
- Hearing aid (HEAR AID)

#### TEETH

- Braces on teeth (BRAC TEETH)
- Gold tooth (GOLD TOOTH)
- Silver tooth (SLVR TOOTH)
- Upper denture only (DENT UP)
- Lower denture only (DENT LOW)
- Upper and lower denture (DENT UP LO)

#### LARYNX

- Artificial Larynx (ART LARYNX)

#### SHOULDERS

- Artificial shoulder joint (ART SHLD)
- Artificial left shoulder (ART L SHLD)
- Artificial right shoulder (ART R SHLD)

#### TORSO

- Artificial breast, nonspecific (ART BRST)
- Breast implant, left and right (ART BRSTS)
- Breast implant, left (ART L BRST)
- Breast implant, right (ART R BRST)

#### ARMS

- Artificial arm, nonspecific (ART ARM)
- Artificial left arm (ART L ARM)
- Artificial right arm (ART R ARM)

#### ARMS - CONTINUED

- Artificial elbow joint (ART ELBOW)
- Artificial left elbow (ART L ELB)
- Artificial right elbow (ART R ELB)
- Artificial hand, nonspecific (ART HAND)
- Artificial left hand (ART L HND)
- Artificial right hand (ART R HND)

#### LEGS

- Artificial leg, nonspecific (ART LEG)
- Artificial left leg (ART L LEG)
- Artificial right leg (ART R LEG)
- Artificial hip joint, nonspecific (ART HIP)
- Artificial hip joint, left (ART L HIP)
- Artificial hip joint, right (ART R HIP)
- Artificial knee joint, nonspecific (ART KNEE)
- Artificial knee joint, left (ART L KNE)
- Artificial knee joint, right (ART R KNE)
- Artificial foot, nonspecific (ART FOOT)
- Artificial left foot (ART L FT)
- Artificial right foot (ART R FT)

#### WALKING AIDS

- Cane (CANE)
- Crutches (CRUTCHES)
- Wheelchair (WHEELCHAIR)

#### BRACES

- Back brace (BRACE BACK)
- Neck brace (BRACE NECK)
- Brace, one arm, nonspecific (BRAC ARM)
- Brace, left arm (BRAC L ARM)
- Brace, right arm (BRAC R ARM)
- Brace, left and right arms (BRA LR ARM)
- Brace, one leg, nonspecific (BRAC LEG)
- Brace, left leg (BRAC L LEG)
- Brace, right leg (BRAC R LEG)
- Brace, left and right legs (BRA LR LEG)

### *Deafness*

- Deaf, one ear, nonspecific (DEAF EAR)
- Deaf, left ear (DEAF L EAR)
- Deaf, right ear (DEAF R EAR)
- Deaf, left and right ears (DEAF)
- Deaf-mute (DEAF MUTE)

### *Deformities*

#### **EARS**

- Cauliflower ear, nonspecific (CAUL EAR)
- Left cauliflower ear (CAUL L EAR)
- Right cauliflower ear (CAUL R EAR)

#### **FACE**

- Deviated septum (DEV SEPTUM)
- Cleft lip (CL LIP)
- Cleft palate (CLEFT PAL)
- Mute, person is mute not deaf (MUTE)
- Protruding jaw, nonspecific (PROT JAW)
- Protruding upper jaw (PROT U JAW)
- Protruding lower jaw (PROT L JAW)
- Extra tooth/teeth, nonspecific (EXTR TTH)
- Extra tooth/teeth, upper jaw (EXTR U TTH)
- Extra tooth/teeth, lower jaw (EXTR L TTH)

#### **TORSO**

- Extra breast, nonspecific (EXTR BRST)
- Extra left breast (EXTR LBRST)
- Extra right breast (EXTR RBRST)
- Extra center breast (EXTR CBRST)
- Extra nipple, nonspecific (EXTR NIP)
- Extra nipple, left (EXTR L NIP)
- Extra nipple, right (EXTR R NIP)
- Extra nipple, center (EXTR C NIP)
- Humpbacked (HUMPBACKED)
- Extra vertebra(e), nonspecific (EXTR VRT)
- Extra cervical vertebra(e) (EXTR C VRT)
- Extra lumbar vertebra(e) (EXTR L VRT)

#### **ARMS**

- Crippled arm, nonspecific (CRIP ARM)
- Crippled left arm (CRIP L ARM)
- Crippled right arm (CRIP R ARM)
- Crippled hand, nonspecific (CRIP HAND)
- Crippled left hand (CRIP L HND)
- Crippled right hand (CRIP R HND)
- Crippled finger, nonspecific (CRIP FGR)
- Crippled left finger (CRIP L FGR)
- Crippled right finger (CRIP R FGR)
- Extra finger(s), nonspecific (EXTR FGR)
- Extra finger(s), left hand (EXTR L FGR)
- Extra finger(s), right hand (EXTR R FGR)

#### **LEGS**

- Short leg, nonspecific (SHRT LEG)
- Shorter left leg (SHRT L LEG)
- Shorter right leg (SHRT R LEG)
- Crippled leg, nonspecific (CRIP LEG)
- Crippled left leg (CRIP L LEG)
- Crippled right leg (CRIP R LEG)
- Crippled foot, nonspecific (CRIP FOOT)
- Crippled left foot, includes clubfoot (CRIP L FT)
- Crippled right foot, includes clubfoot (CRIP R FT)
- Crippled toe, nonspecific (CRIP TOE)
- Crippled left toe(s), includes webbed toes (CRIP L TOE)
- Crippled right toe(s), includes webbed toes (CRIP R TOE)
- Extra toe(s), nonspecific (EXTR TOE)
- Extra toe(s), left foot (EXTR L TOE)
- Extra toe(s), right foot (EXTR R TOE)

### Eye Disorders

- Blind, one eye, nonspecific (BLND EYE)
- Blind, left eye (BLND L EYE)
- Blind, right eye (BLND R EYE)
- Blind, both eyes (BLIND)
- Cross-eyed (CROSSEYED)
- Cataract, nonspecific (CATARACT)
- Cataract, left eye (CATA L EYE)
- Cataract, right eye (CATA R EYE)
- Glaucoma (GLAUCOMA)

### Fractured Bones - FRESH (FRC)

#### HEAD

- Skull (FRC SKULL)
- Nose (FRC NOSE)
- Jaw, nonspecific (FRC JAW)
- Jaw, upper left (FRC UL JAW)
- Jaw, lower left (FRC LL JAW)
- Jaw, upper right (FRC UR JAW)
- Jaw, lower right (FRC LR JAW)

#### NECK

- Neck (FRC NECK)

#### SHOULDERS

- Clavicle, nonspecific (FRC CLAVIC)
- Clavicle, left (FRC LCLAVI)
- Clavicle, right (FRC RCLAVI)
- Shoulder, nonspecific (FRC SHLD)
- Shoulder, left (FRC L SHLD)
- Shoulder, right (FRC R SHLD)

#### TORSO

- Sternum (FRC STERN)
- Rib(s), nonspecific (FRC RIBS)
- Rib(s), left (FRC L RIB)
- Rib(s), right (FRC R RIB)
- Back (FRC BACK)
- Spine (FRC SPINE)

#### ARMS

- Arm, nonspecific (FRC ARM)
- Arm, left (FRC L ARM)
- Arm, upper left (FRC UL ARM)
- Arm, lower left (FRC LL ARM)
- Arm, right (FRC R ARM)
- Arm, upper right (FRC UR ARM)
- Arm, lower right (FRC LR ARM)
- Elbow, nonspecific (FRC ELBOW)
- Elbow, left (FRC L ELB)
- Elbow, right (FRC R ELB)
- Wrist, nonspecific (FRC WRIST)

#### ARMS - CONTINUED

- Wrist, left (FRC L WRST)
- Wrist, right (FRC R WRST)
- Hand, nonspecific (FRC HAND)
- Hand, left (FRC L HAND)
- Hand, right (FRC R HAND)
- Finger(s), nonspecific (FRC FGR)
- Finger(s), left (FRC L FGR)
- Finger(s), right (FRC R FGR)

#### PELVIS

- Pelvis, nonspecific (FRC PELVIS)
- Pelvis bone, left (FRC LPELVI)
- Pelvis bone, right (FRC RPELVI)

#### HIPS

- Hip, nonspecific fractured (FRC HIP)
- Hip, left fractured (FRC L HIP)
- Hip, right fractured (FRC R HIP)

#### LEGS

- Leg, nonspecific (FRC LEG)
- Leg, left (FRC L LEG)
- Leg, upper left (FRC UL LEG)
- Leg, lower left (FRC LL LEG)
- Leg, right (FRC R LEG)
- Leg, upper right (FRC UR LEG)
- Leg, lower right (FRC LR LEG)
- Knee, nonspecific (FRC KNEE)
- Knee, left (FRC L KNEE)
- Knee, right (FRC R KNEE)
- Ankle, nonspecific (FRC ANKL)
- Ankle, left (FRC L ANKL)
- Ankle, right (FRC R ANKL)
- Foot, nonspecific (FRC FOOT)
- Foot, left (FRC L FOOT)
- Foot, right (FRC R FOOT)
- Toe(s), nonspecific (FRC TOE)
- Toe(s), left foot (FRC L TOE)
- Toe(s), right foot (FRC R TOE)

### *Fractured Bones - HEALED (HFR)*

#### **HEAD**

- Skull (HFR SKULL)
- Nose (HFR NOSE)
- Jaw, nonspecific (HFR JAW)
- Jaw, upper left (HFR UL JAW)
- Jaw, lower left (HFR LL JAW)
- Jaw, upper right (HFR UR JAW)
- Jaw, lower right (HFR LR JAW)

#### **NECK**

- Neck (HFR NECK)

#### **SHOULDERS**

- Clavicle, nonspecific (HFR CLAVIC)
- Clavicle, left (HFR LCLAVI)
- Clavicle, right (HFR RCLAVI)
- Shoulder, nonspecific (HFR SHLD)
- Shoulder, left (HFR L SHLD)
- Shoulder, right (HFR R SHLD)

#### **TORSO**

- Sternum (HFR STERN)
- Rib(s), nonspecific (HFR RIBS)
- Rib(s), left (HFR L RIB)
- Rib(s), right (HFR R RIB)
- Back (HFR BACK)
- Spine (HFR SPINE)

#### **ARMS**

- Arm, nonspecific (HFR ARM)
- Arm, left (HFR L ARM)
- Arm, upper left (HFR UL ARM)
- Arm, lower left (HFR LL ARM)
- Arm, right (HFR R ARM)
- Arm, upper right (HFR UR ARM)
- Arm, lower right (HFR LR ARM)
- Elbow, nonspecific (HFR ELBOW)
- Elbow, left (HFR L ELB)
- Elbow, right (HFR R ELB)

#### **ARMS - CONTINUED**

- Wrist, nonspecific (HFR WRIST)
- Wrist, left (HFR L WRST)
- Wrist, right (HFR R WRST)
- Hand, nonspecific (HFR HAND)
- Hand, left (HFR L HAND)
- Hand, right (HFR R HAND)
- Finger(s), nonspecific (HFR FGR)
- Finger(s), left (HFR L FGR)
- Finger(s), right (HFR R FGR)

#### **PELVIS**

- Pelvis (HFR PELVIS)
- Pelvis bone, left (HFR LPELVI)
- Pelvis bone, right (HFR RPELVI)

#### **HIPS**

- Hip, nonspecific (HFR HIP)
- Hip, left (HFR L HIP)
- Hip, right (HFR R HIP)

#### **LEGS**

- Leg, nonspecific (HFR LEG)
- Leg, left (HFR L LEG)
- Leg, upper left (HFR UL LEG)
- Leg, lower left (HFR LL LEG)
- Leg, right (HFR R LEG)
- Leg, upper right (HFR UR LEG)
- Leg, lower right (HFR LR LEG)
- Knee, nonspecific (HFR KNEE)
- Knee, left (HFR L KNE)
- Knee, right (HFR R KNE)
- Ankle, nonspecific (HFR ANKL)
- Ankle, left (HFR L ANKL)
- Ankle, right (HFR R ANKL)
- Foot, nonspecific (HFR FOOT)
- Foot, left (HFR L FOOT)
- Foot, right (HFR R FOOT)
- Toe(s), nonspecific (HFR TOE)
- Toe(s), left foot (HFR L TOE)
- Toe(s), right foot (HFR R TOE)

### *Medical Devices*

- Skull plate (SKL PLATE)
- Shunt, cerebral ventricle (SHUNT CERB)
- Intramedullary rod (INTRA ROD)
- Tubes in ears, left and right (EAR TUBES)
- Tube in left ear (TUBE L EAR)
- Tube in right ear (TUBE R EAR)

### *Medical Devices - Continued*

- |   |   |
|---|---|
| <input type="checkbox"/> Vascular prosthesis (VASC PROTH)     | <input type="checkbox"/> Colostomy appliances (COLOST APP)  |
| <input type="checkbox"/> Shunt, arterial vascular (SHUNT ART) | <input type="checkbox"/> Orthopedic nail or pin (ORTH NAIL) |
| <input type="checkbox"/> Cardiac pacemaker (CARD PACEM)       | <input type="checkbox"/> Orthopedic plate (ORTH PLATE)      |
| <input type="checkbox"/> Intrauterine device (IUD)            | <input type="checkbox"/> Orthopedic screw (ORTH SCREW)      |
| <input type="checkbox"/> Penile implant (IMPL PENIS)          | <input type="checkbox"/> Staples (STAPLES)                  |
|   | <input type="checkbox"/> Wire sutures (WIRE SUTUR)          |

### *Missing Body Parts/Organs (MISS)*

#### **HEAD**

- Eye, nonspecific (MISS EYE)
- Left eye (MISS L EYE)
- Right eye (MISS R EYE)
- Ear, nonspecific (MISS EAR)
- Left ear (MISS L EAR)
- Right ear (MISS R EAR)
- Nose (MISS NOSE)
- Adenoids (MISS ADND)
- Tongue (MISS TONG)
- Tonsils (MISS TONSL)
- Larynx (MISS LRYNX)
- Thyroid (MISS THYRD)

#### **VERTEBRA(E)**

- Missing vertebra(e), nonspecific (MISS VRT)
- Missing cervical vertebra(e) (MISS C VRT)
- Missing lumbar vertebra(e) (MISS L VRT)

#### **ARMS**

- Arm, nonspecific (MISS ARM)
- Left arm (MISS L ARM)
- Lower left arm (MISS LLARM)
- Right arm (MISS R ARM)
- Lower right arm (MISS LRARM)
- Hand, nonspecific (MISS HAND)
- Left hand (MISS L HND)
- Right hand (MISS R HND)
- Finger(s), nonspecific (MISS FGR)
- Finger(s), left hand (MISS L FGR)
- Finger(s), right hand (MISS R FGR)
- Finger joint(s), nonspecific (MISS FJT)
- Finger joint(s), left hand (MISS L FJT)
- Finger joint(s), right hand (MISS R FJT)

#### **TORSO**

- Breast, nonspecific (MISS BRST)
- Breasts (MISS BRSTS)

#### **TORSO - CONTINUED**

- Left breast (MISS LBRST)
- Right breast (MISS RBRST)
- Lung, nonspecific (MISS LUNG)
- Left lung (MISS LLUNG)
- Right lung (MISS RLUNG)
- Appendix (MISS APPNX)
- Gallbladder (MISS GALL)
- Intestines (MISS INTES)
- Kidney, nonspecific (MISS KID)
- Kidney, left (MISS L KID)
- Kidney, right (MISS R KID)
- Pancreas (MISS PANCR)
- Spleen (MISS SPLEN)
- Stomach (MISS STOMA)
- Ovaries (MISS OVARS)
- Ovary, nonspecific (MISS OVARY)
- Left ovary (MISS LOVAR)
- Right ovary (MISS ROVAR)
- Uterus (MISS UTRUS)
- Prostate (MISS PROST)
- Penis (MISS PENIS)
- Testicle, nonspecific (MISS TES)
- Left testis (MISS L TES)
- Right testis (MISS R TES)

#### **LEGS**

- Leg, nonspecific (MISS LEG)
- Left leg (MISS L LEG)
- Lower left leg (MISS LLEGG)
- Right leg (MISS R LEG)
- Lower right leg (MISS LRLEG)
- Foot, nonspecific (MISS FOOT)
- Left foot (MISS L FT)
- Right foot (MISS R FT)
- Toe(s), nonspecific (MISS TOE)
- Toe(s), left foot (MISS L TOE)
- Toe(s), right foot (MISS R TOE)

### *Moles (MOLE)*

#### **HEAD**

- Head, nonspecific (MOLE HEAD)
- Forehead (MOLE FHD)
- Eye, nonspecific (MOLE EYE)
- Left eyebrow/left eye area (MOLE L EYE)
- Right eyebrow/right eye area (MOLE R EYE)
- Ear, nonspecific (MOLE EAR)
- Left ear (MOLE L EAR)
- Right ear (MOLE R EAR)
- Face, nonspecific (MOLE FACE)
- Cheek, face, nonspecific (MOLE CHK)
- Left cheek, face (MOLE L CHK)
- Right cheek, face (MOLE R CHK)
- Nose (MOLE NOSE)
- Lip, nonspecific (MOLE LIP)
- Upper lip (MOLE U LIP)
- Lower lip (MOLE L LIP)
- Chin (MOLE CHIN)
- Neck (MOLE NECK)

#### **SHOULDERS**

- Shoulder, nonspecific (MOLE SHLD)
- Left shoulder (MOLE L SHD)
- Right shoulder (MOLE R SHD)

#### **ARMS**

- Arm, nonspecific (MOLE ARM)
- Forearm, nonspecific (MOLE F ARM)
- Left arm (MOLE L ARM)
- Left upper arm (MOLE UL ARM)
- Left forearm (MOLE LF ARM)
- Right arm (MOLE R ARM)
- Right upper arm (MOLE UR ARM)
- Right forearm (MOLE RF ARM)
- Elbow, nonspecific (MOLE ELBOW)
- Left elbow (MOLE L ELB)
- Right elbow (MOLE R ELB)
- Wrist, nonspecific (MOLE WRS)
- Left wrist (MOLE L WRS)
- Right wrist (MOLE R WRS)
- Hand, nonspecific (MOLE HAND)
- Left hand (MOLE L HND)
- Right hand (MOLE R HND)
- Finger, nonspecific (MOLE FGR)
- Finger(s), left hand (MOLE L FGR)
- Finger(s), right hand (MOLE R FGR)

#### **TORSO**

- Chest (MOLE CHEST)
- Breast, nonspecific (MOLE BRST)
- Left breast (MOLE LBRST)
- Right breast (MOLE RBRST)
- Abdomen (MOLE ABDOM)
- Back (MOLE BACK)
- Buttocks, nonspecific (MOLE BUTTK)
- Left buttock (MOLE L BUT)
- Right buttock (MOLE R BUT)
- Hip, nonspecific (MOLE HIP)
- Left hip (MOLE L HIP)
- Right hip (MOLE R HIP)
- Penis (MOLE PENIS)
- Groin area (MOLE GROIN)

#### **LEGS**

- Thigh, nonspecific (MOLE THGH)
- Left thigh (MOLE L THG)
- Right thigh (MOLE R THG)
- Leg, nonspecific (MOLE LEG)
- Left leg (MOLE L LEG)
- Right leg (MOLE R LEG)
- Knee, nonspecific (MOLE KNEE)
- Left knee (MOLE L KNE)
- Right knee (MOLE R KNE)
- Calf, nonspecific (MOLE CALF)
- Left calf (MOLE L CALF)
- Right calf (MOLE R CALF)
- Foot, nonspecific (MOLE FOOT)
- Left foot (MOLE L FT)
- Right foot (MOLE R FT)
- Ankle, nonspecific (MOLE ANKL)
- Left ankle (MOLE L ANK)
- Right ankle (MOLE R ANK)
- Toe(s), nonspecific (MOLE TOE)
- Toe(s), left foot (MOLE L TOE)
- Toe(s), right foot (MOLE R TOE)

### *Needle (“Track”) Marks (NM)*

#### **SHOULDERS**

- Shoulder, nonspecific (NM SHLD)
- Left shoulder (NM L SHLD)
- Right shoulder (NM R SHLD)

#### **ARMS**

- Arm, nonspecific (NM ARM)
- Left arm (NM L ARM)
- Arm, upper left (NM UL ARM)
- Arm, lower left (NM LL ARM)
- Right arm (NM R ARM)
- Arm, upper right (NM UR ARM)
- Arm, lower right (NM LR ARM)
- Elbow, nonspecific (NM ELBOW)
- Left elbow (NM L ELB)
- Right elbow (NM R ELB)
- Wrist, nonspecific (NM WRIST)
- Left wrist (NM L WRIST)
- Right wrist (NM R WRIST)
- Hand, nonspecific (NM HAND)
- Left hand (NM L HND)
- Right hand (NM R HND)
- Finger(s), nonspecific (NM FGR)
- Finger(s), left hand (NM L FGR)
- Finger(s), right hand (NM R FGR)

#### **TORSO**

- Penis (NM PENIS)
- Groin (NM GROIN)
- Buttock, nonspecific (NM BUTTK)

#### **TORSO - CONTINUED**

- Left buttock (NM L BUTTK)
- Right buttock (NM R BUTTK)
- Hip, nonspecific (NM HIP)
- Left hip (NM L HIP)
- Right hip (NM R HIP)

#### **LEGS**

- Thigh, nonspecific (NM THIGH)
- Left thigh (NM L THIGH)
- Right thigh (NM R THIGH)
- Leg, nonspecific (NM LEG)
- Left leg (NM L LEG)
- Right leg (NM R LEG)
- Knee, nonspecific (NM KNEE)
- Left knee (NM L KNE)
- Right knee (NM R KNE)
- Calf, nonspecific (NM CALF)
- Left calf (NM L CALF)
- Right calf (NM R CALF)
- Ankle, nonspecific (NM ANKL)
- Left ankle (NM L ANKL)
- Right ankle (NM R ANKL)
- Foot, nonspecific (NM FOOT)
- Left foot (NM L FOOT)
- Right foot (NM R FOOT)
- Toe(s), nonspecific (NM TOE)
- Toe(s), left foot (NM L TOE)
- Toe(s), right foot (NM R TOE)

### *Other Physical Characteristics*

- Bald/balding (BALD)
- Hair implants (HAIR IMPL)
- Pierced eyebrow, nonspecific (PRCD EYE)
- Pierced left eyebrow (PRCD L EYE)
- Pierced right eyebrow (PRCD R EYE)
- Pierced ears (PRCD EARS)
- Pierced left ear (PRCD L EAR)
- Pierced right ear (PRCD R EAR)
- Pierced ear, one, nonspecific (PRCD EAR)
- Pierced nose (PRCD NOSE)
- Freckles (FRECKLES)
- Dimples, face (DIMP FACE)
- Dimples, cheek, face (DIMP CHEEK)
- Dimples, left cheek, face (DIMP L CHK)
- Dimples, right cheek, face (DIMP R CHK)
- Dimples, chin (DIMP CHIN)
- Cleft chin (CLEFT CHIN)
- Pierced lip, nonspecific (PRCD LIP)
- Pierced upper lip (PRCD ULIP)
- Pierced lower lip (PRCD LLIP)
- Pierced tongue (PRCD TONGU)
- Stutters (STUTTERS)
- Pierced nipple, nonspecific (PRCD NIPPL)
- Pierced left nipple (PRCD L NIP)
- Pierced right nipple (PRCD R NIP)
- Pierced abdomen (PRCD ABDMN)
- Pierced back (PRCD BACK)
- Pierced genitalia (PRCD GNTLS)
- Transsexual\* (TRANSSXL)
- Transvestite (TRANSVST)

Information for entering agency:

\* Miscellaneous Field should indicate sex at birth and the NCIC record should indicate sex at the time the Report is filed. For example, agencies should enter data on a missing person that was born a male and is now a female as male in the Miscellaneous Field and female in the NCIC record.

### Scars (SC)

#### HEAD

- Head, nonspecific (SC HEAD)
- Forehead (SC FHD)
- Face, nonspecific (SC FACE)
- Cheek, nonspecific (SC CHK)
- Left cheek (SC L CHK)
- Right cheek (SC R CHK)
- Pockmarks (POCKMARKS)
- Eyebrow, nonspecific (SC EYE)
- Left eyebrow/left eye area (SC L EYE)
- Right eyebrow/right eye area (SC R EYE)
- Ear, nonspecific (SC EAR)
- Left ear (SC L EAR)
- Right ear (SC R EAR)
- Nose (SC NOSE)
- Lip, nonspecific (SC LIP)
- Upper lip (SC UP LIP)
- Lower lip (SC LOW LIP)
- Chin (SC CHIN)
- Neck (SC NECK)

#### SHOULDERS

- Shoulder, nonspecific (SC SHLD)
- Left shoulder (SC L SHLD)
- Right shoulder (SC R SHLD)

#### ARMS

- Arm, nonspecific (SC ARM)
- Forearm, nonspecific (SC F ARM)
- Left arm, nonspecific (SC L ARM)
- Left upper arm (SC UL ARM)
- Left forearm (SC LF ARM)
- Right arm, nonspecific (SC R ARM)
- Right upper arm (SC UR ARM)
- Right forearm (SC RF ARM)
- Elbow, nonspecific (SC ELBOW)
- Left elbow (SC L ELB)
- Right elbow (SC R ELB)
- Wrist, nonspecific (SC WRIST)
- Left wrist (SC L WRIST)
- Right wrist (SC R WRIST)
- Hand, nonspecific (SC HAND)
- Left hand (SC L HND)
- Right hand (SC R HND)
- Finger, nonspecific (SC FGR)
- Finger(s), left hand (SC L FGR)
- Finger(s), right hand (SC R FGR)

#### TORSO

- Chest (SC CHEST)
- Breast, nonspecific (SC BREAST)
- Left breast (SC L BRST)
- Right breast (SC R BRST)
- Abdomen (SC ABDOM)
- Back (SC BACK)
- Buttocks, nonspecific (SC BUTTK)
- Left buttock (SC L BUTTK)
- Right buttock (SC R BUTTK)
- Hip, nonspecific (SC HIP)
- Left hip (SC L HIP)
- Right hip (SC R HIP)
- Penis (SC PENIS)
- Groin (SC GROIN)

#### LEGS

- Leg, nonspecific (SC LEG)
- Left leg (SC L LEG)
- Right leg (SC R LEG)
- Thigh, nonspecific (SC THGH)
- Left thigh (SC L THGH)
- Right thigh (SC R THGH)
- Knee, nonspecific (SC KNEE)
- Left knee (SC L KNEE)
- Right knee (SC R KNEE)
- Calf, nonspecific (SC CALF)
- Left calf (SC L CALF)
- Right calf (SC R CALF)
- Ankle, nonspecific (SC ANKL)
- Left ankle (SC L ANKL)
- Right ankle (SC R ANKL)
- Foot, nonspecific (SC FOOT)
- Left foot (SC L FT)
- Right foot (SC R FT)
- Toe(s), nonspecific (SC TOE)
- Toe, left foot (SC L TOE)
- Toe, right foot (SC R TOE)

***Skin Discoloration (including birthmarks) (DISC)***

**HEAD**

- Head, nonspecific (DISC HEAD)
- Forehead (DISC FHD)
- Face, nonspecific (DISC FACE)
- Cheek, face, nonspecific (DISC CHEEK)
- Left cheek, face (DISC L CHK)
- Right cheek, face (DISC R CHK)
- Eyebrow, nonspecific (DISC EYE)
- Left eyebrow/left eye area (DISC L EYE)
- Right eyebrow/right eye area (DISC R EYE)
- Ear, nonspecific (DISC EAR)
- Left ear (DISC L EAR)
- Right ear (DISC R EAR)
- Nose (DISC NOSE)
- Lip, nonspecific (DISC LIP)
- Upper lip (DISC U LIP)
- Lower lip (DISC L LIP)
- Chin (DISC CHIN)
- Neck (DISC NECK)

**SHOULDERS**

- Shoulder, nonspecific (DISC SHLD)
- Left shoulder (DISC LSHLD)
- Right shoulder (DISC RSHLD)

**ARMS**

- Arm, nonspecific (DISC ARM)
- Left Arm (DISC L ARM)
- Arm, upper left (DISC UL ARM)
- Arm, left forearm (DISC LF ARM)
- Right arm (DISC R ARM)
- Arm, upper right (DISC UR ARM)
- Arm, right forearm (DISC RF ARM)
- Forearm, nonspecific (DISC F ARM)
- Elbow, nonspecific (DISC ELBOW)
- Left elbow (DISC L ELB)
- Right elbow (DISC R ELB)
- Wrist, nonspecific (DISC WRIST)
- Left wrist (DISC L WRS)
- Right wrist (DISC R WRS)
- Hand, nonspecific (DISC HAND)
- Left hand (DISC L HND)
- Right hand (DISC R HND)
- Finger, nonspecific (DISC FGR)
- Finger(s), left hand (DISC L FGR)
- Finger(s), right hand (DISC R FGR)

**TORSO**

- Chest (DISC CHEST)
- Breast, nonspecific (DISC BRST)
- Left breast (DISC L BRS)
- Right breast (DISC R BRS)
- Abdomen (DISC ABDOM)
- Back (DISC BACK)
- Buttocks, nonspecific (DISC BUTTK)
- Left buttock (DISC L BUT)
- Right buttock (DISC R BUT)
- Hip, nonspecific (DISC HIP)
- Left hip (DISC L HIP)
- Right hip (DISC R HIP)
- Penis (DISC PENIS)
- Groin (DISC GROIN)

**LEGS**

- Leg, nonspecific (DISC LEG)
- Left leg (DISC L LEG)
- Right leg (DISC R LEG)
- Thigh, nonspecific (DISC THGH)
- Left thigh (DISC LTHGH)
- Right thigh (DISC RTHGH)
- Knee, nonspecific (DISC KNEE)
- Left knee (DISC LKNEE)
- Right knee (DISC RKNEE)
- Calf, nonspecific (DISC CALF)
- Left calf (DISC L CALF)
- Right calf (DISC R CALF)
- Ankle, nonspecific (DISC ANKL)
- Left ankle (DISC L ANK)
- Right ankle (DISC R ANK)
- Foot, nonspecific (DISC FOOT)
- Left foot (DISC L FT)
- Right foot (DISC R FT)
- Toe(s), nonspecific (DISC TOE)
- Toe(s), left foot (DISC L TOE)
- Toe(s), right foot (DISC R TOE)

**Tattoos (TAT)**

**HEAD**

- Head, nonspecific\* (TAT HEAD)
- Forehead (TAT FHD)
- Face, nonspecific\* (TAT FACE)
- Eye, nonspecific (TAT EYE)
- Left eye (TAT L EYE)
- Right eye (TAT R EYE)
- Cheek, face, nonspecific (TAT CHEEK)
- Left cheek, face (TAT L CHK)
- Right cheek, face (TAT R CHK)
- Ear, nonspecific (TAT EAR)
- Left ear (TAT L EAR)
- Right ear (TAT R EAR)
- Nose (TAT NOSE)
- Lip, nonspecific (TAT LIP)
- Upper lip (TAT UP LIP)
- Lower lip (TAT LW LIP)
- Chin (TAT CHIN)
- Neck (TAT NECK)

**SHOULDERS**

- Shoulder, nonspecific (TAT SHLD)
- Left shoulder (TAT L SHLD)
- Right shoulder (TAT R SHLD)

**ARMS**

- Arm, nonspecific\* (TAT ARM)
- Left arm\* (TAT L ARM)
- Right arm\* (TAT R ARM)
- Upper left arm (TAT UL ARM)
- Upper right arm (TAT UR ARM)
- Forearm, nonspecific (TAT FARM)
- Left forearm (TAT LF ARM)
- Right forearm (TAT RF ARM)
- Elbow, nonspecific (TAT ELBOW)
- Left elbow (TAT LELBOW)
- Right elbow (TAT RELBOW)
- Wrist, nonspecific (TAT WRS)
- Left wrist (TAT L WRS)
- Right wrist (TAT R WRS)
- Hand, nonspecific (TAT HAND)
- Left hand (TAT L HND)
- Right hand (TAT R HND)
- Finger, nonspecific (TAT FNGR)
- Finger(s), left hand (TAT L FGR)
- Finger(s), right hand (TAT R FGR)

**TORSO**

- Chest (TAT CHEST)
- Breast (TAT BREAST)
- Left breast (TAT L BRST)
- Right breast (TAT R BRST)
- Abdomen (TAT ABDOM)
- Back (TAT BACK)
- Buttocks (TAT BUTTK)
- Left buttock (TAT L BUTK)
- Right buttock (TAT R BUTK)
- Hip, nonspecific (TAT HIP)
- Left hip (TAT L HIP)
- Right hip (TAT R HIP)
- Penis (TAT PENIS)
- Groin area (TAT GROIN)

**LEGS**

- Leg, nonspecific\* (TAT LEG)
- Left leg, nonspecific\* (TAT L LEG)
- Right leg, nonspecific\* (TAT R LEG)
- Thigh, nonspecific (TAT THGH)
- Left thigh (TAT L THGH)
- Right thigh (TAT R THGH)
- Knee, nonspecific (TAT KNEE)
- Left knee (TAT L KNEE)
- Right knee (TAT R KNEE)
- Calf, nonspecific (TAT CALF)
- Left calf (TAT L CALF)
- Right calf (TAT R CALF)
- Ankle, nonspecific (TAT ANKL)
- Left ankle (TAT L ANKL)
- Right ankle (TAT R ANKL)
- Foot, nonspecific (TAT FOOT)
- Left foot (TAT L FOOT)
- Right foot (TAT R FOOT)
- Toe(s), nonspecific (TAT TOE)
- Toe(s), left foot (TAT L TOE)
- Toe(s), right foot (TAT R TOE)

**FULL BODY**

- Full body\*\* (TAT FLBODY)

Information for entering agency:

\* Use the Miscellaneous Field to further describe the location of the tattoo.

\*\* Use only when the entire body—arms, legs, chest, and back are—covered with tattoos.

### Removed Tattoos (RTAT)

#### HEAD

- Head, nonspecific\* (RTAT HEAD)
- Forehead (RTAT FHD)
- Face, nonspecific\* (RTAT FACE)
- Eye, nonspecific (RTAT EYE)
- Left eye (RTAT L EYE)
- Right eye (RTAT R EYE)
- Cheek, face, nonspecific (RTAT CHEEK)
- Left cheek (RTAT L CHK)
- Right cheek (RTAT R CHK)
- Ear, nonspecific (RTAT EAR)
- Left ear (RTAT L EAR)
- Right ear (RTAT R EAR)
- Nose (RTAT NOSE)
- Lip, nonspecific (RTAT LIP)
- Upper lip (RTAT UPLIP)
- Lower lip (RTAT LWLIP)
- Chin (RTAT CHIN)
- Neck (RTAT NECK)

#### SHOULDERS

- Shoulder, nonspecific (RTAT SHLD)
- Left shoulder (RTAT LSHLD)
- Right shoulder (RTAT RSHLD)

#### ARMS

- Arm, nonspecific\* (RTAT ARM)
- Left arm\* (RTAT L ARM)
- Right arm\* (RTAT R ARM)
- Upper left arm (RTAT ULARM)
- Upper right arm (RTAT URARM)
- Forearm, nonspecific (RTAT FARM)
- Left forearm (RTAT LFARM)
- Right forearm (RTAT RFARM)
- Elbow, nonspecific (RTAT ELBOW)
- Left elbow (RTAT L ELB)
- Right elbow (RTAT R ELB)
- Wrist, nonspecific (RTAT WRS)
- Left wrist (RTAT LWRS)
- Right wrist (RTAT RWRS)
- Hand, nonspecific (RTAT HAND)
- Left hand (RTAT L HND)
- Right hand (RTAT R HND)
- Finger, nonspecific (RTAT FNGR)
- Left finger(s) (RTAT L FGR)
- Right finger(s) (RTAT R FGR)

#### TORSO

- Chest (RTAT CHEST)
- Breast (RTAT BRST)
- Left breast (RTAT LBRST)
- Right breast (RTAT RBRST)
- Abdomen (RTAT ABDM)
- Back (RTAT BACK)
- Buttocks (RTAT BUTTK)
- Left buttock (RTAT LBUTK)
- Right buttock (RTAT RBUTK)
- Hip, nonspecific (RTAT HIP)
- Left hip (RTAT L HIP)
- Right hip (RTAT R HIP)
- Penis (RTAT PENIS)
- Groin area (RTAT GROIN)

#### LEGS

- Leg, nonspecific\* (RTAT LEG)
- Left leg\* (RTAT L LEG)
- Right leg\* (RTAT R LEG)
- Thigh, nonspecific (RTAT THGH)
- Left thigh (RTAT LTHGH)
- Right thigh (RTAT RTHGH)
- Knee, nonspecific (RTAT KNEE)
- Left knee (RTAT LKNEE)
- Right knee (RTAT RKNEE)
- Calf, nonspecific (RTAT CALF)
- Left calf (RTAT LCALF)
- Right calf (RTAT RCALF)
- Ankle, nonspecific (RTAT ANKL)
- Left ankle (RTAT LANKL)
- Right ankle (RTAT RANKL)
- Foot, nonspecific (RTAT FOOT)
- Left foot (RTAT LFOOT)
- Right foot (RTAT RFOOT)
- Toe(s), nonspecific (RTAT TOE)
- Toe(s), left foot (RTAT L TOE)
- Toe(s), right foot (RTAT R TOE)

#### FULL BODY

- Full body\*\* (RTAT FLBOD)

Information for entering agency:

\* Use the Miscellaneous Field to further describe the location of the removed tattoos.

\*\* Use only when tattoos were removed from the entire body—arms, legs, chest, and back.

### ***Medical Conditions and Diseases (MC)***

- |   |   |
|---|---|
| <input type="checkbox"/> Acne (MC ACNE)   | <input type="checkbox"/> Kidney conditions/diseases (MC KIDNEY)   |
| <input type="checkbox"/> Alcoholism (MC ALCOHOL)  | <input type="checkbox"/> Liver disease (includes cirrhosis and hepatitis) (MC LIVER)  |
| <input type="checkbox"/> Allergies including asthma (MC ALLERGY)  | <input type="checkbox"/> Nervous conditions (includes seizures, stroke, senility, and mental retardation) (MC NERVOUS)                                  |
| <input type="checkbox"/> Alzheimer's Disease (MC ALZHMRS)   | <input type="checkbox"/> Neurological conditions/diseases (includes Cerebral Palsy, epilepsy, Multiple Sclerosis, and Parkinson's Disease) (MC NRLGCAL) |
| <input type="checkbox"/> Arthritis (MC ARTHRITS)  | <input type="checkbox"/> Paraplegic (MC PARPLGC)  |
| <input type="checkbox"/> Attention Deficit Disorder (MC ADD)  | <input type="checkbox"/> Quadriplegic (MC QUADPLG)  |
| <input type="checkbox"/> Behavior Disorder (past and present, includes autism, depression, schizophrenia and suicidal tendencies) (MC BEHAVIO)                                  | <input type="checkbox"/> Pregnancy, present (MC PREGNAN)  |
| <input type="checkbox"/> Hematological Diseases (diseases of the blood - includes anemia, hemophilia, leukemia, and sickle cell anemia.) (MC BLOOD)                             | <input type="checkbox"/> Pregnancy, past (MC PASTPRE)   |
| <input type="checkbox"/> Cancer (MC CANCER)   | <input type="checkbox"/> Pulmonary/lung diseases (includes emphysema and Cystic Fibrosis) (MC PLMNARY)  |
| <input type="checkbox"/> Diabetic (MC DIABTIC)  | <input type="checkbox"/> Thyroid conditions/diseases (MC THYROID)   |
| <input type="checkbox"/> Down's Syndrome (MC DOWNSYN)   | <input type="checkbox"/> Skin disorders (includes psoriasis and eczema) (MC SKIN)   |
| <input type="checkbox"/> Drug Abuse (MC DRUGAB)   | <input type="checkbox"/> Tuberculosis (MC TB)   |
| <input type="checkbox"/> Eating Disorders (includes anorexia nervosa and bulimia) (MC EATDIS)   | <input type="checkbox"/> Tourette's Syndrome (MC TOURETE)   |
| <input type="checkbox"/> Heart/circulatory diseases (includes high blood pressure, heart failure, heart attack, hardening of the arteries, and circulation problems) (MC HEART) | <input type="checkbox"/> Other medical disorders/conditions not listed above* (MC OTHER)  |

Information for entering agency:

\* Identify other medical disorders/conditions, not listed above, in the Miscellaneous Field.

### ***Therapeutic Drugs (TD)***

- |  |  |
|--|--|
| <input type="checkbox"/> Analgesics - pain relievers (includes Darvon, Acetaminophen, and Aspirin) (TD ANALGES)                                | <input type="checkbox"/> Cardiac - heart medications (includes Digitalis and Digoxin) (TD CARDIAC)                         |
| <input type="checkbox"/> Antibiotics (TD ANTBTCS)  | <input type="checkbox"/> Hypnotics - sleeping aids (includes Barbiturates, Chloral Hydrate, and Glutethemide) (TD HYPNOTI) |
| <input type="checkbox"/> Anticonvulsants - seizure medicines (includes Dilantin, Mysoline, and Phenobarbital) (TD ACONVUL)                     | <input type="checkbox"/> Insulin (TD INSULIN)  |
| <input type="checkbox"/> Antidepressants - mood lifters (includes Amitriptylene, Elavil, Prozac, Norpramine, Triavil, and Zoloft) (TD ADEPRES) | <input type="checkbox"/> Ritalin (TD RITALIN)  |
| <input type="checkbox"/> Anti-inflammatory medication (TD ANTINFL)   | <input type="checkbox"/> Tranquilizers (includes Valium, Thorazine, and Stellazine) (TD TRANQUI)                           |
| <input type="checkbox"/> Bronchial dilators (includes inhalers) (TD BRNCHDL)   | <input type="checkbox"/> Other therapeutic medications* (TD OTHER)   |

Information for entering agency:

\* Identify other therapeutic medications, not listed above, in the Miscellaneous Field.

### ***Drugs of Abuse (DA)***

- |  |   |
|--|---|
| <input type="checkbox"/> Alcohol (DA ALCOHOL)                            | <input type="checkbox"/> Narcotics (includes Heroin, Morphine, Dilaudid, Methadone) (DA NARCOTI)  |
| <input type="checkbox"/> Amphetamines (includes stimulants) (DA AMPHETA) | <input type="checkbox"/> Paint (includes thinner) (DA PAINT)  |
| <input type="checkbox"/> Barbiturates (DA BARBITU)                       | <input type="checkbox"/> Ritalin (DA RITALIN)   |
| <input type="checkbox"/> Cocaine (includes crack) (DA COCAINE)           | <input type="checkbox"/> Rohypnol (brand name for Flunitrazepam, also referred to as "rophies", "roofies", "ruffies", and "roche") (DA ROHYPNL) |
| <input type="checkbox"/> Glue (DA GLUE)                                  | <input type="checkbox"/> Other drugs of abuse* (DA OTHER)   |
| <input type="checkbox"/> Hallucinogens (DA HALLUCI)                      |   |
| <input type="checkbox"/> Marijuana (DA MARIJUA)                          |   |

Information for entering agency:

\* Identify other drugs of abuse, not listed above, in the Miscellaneous Field.

**JEWELRY TYPE (JWT)**

The following is a list of personal accessories. Please review the list carefully and place a check mark (✓) in the box beside any item that the missing person had in his/her possession. Describe each item in detail in the space provided.

<b>Jewelry Type</b>	<b>Description of item</b>
<input type="checkbox"/> Ankle bracelet (AB) (includes ankle bracelet with pendant)	
<input type="checkbox"/> Backpack (BK)	
<input type="checkbox"/> Belt buckle (BB)	
<input type="checkbox"/> Broach or pin (BP)	
<input type="checkbox"/> Cigarette lighter, holder, or case (CL)	
<input type="checkbox"/> Comb (includes hair combs and picks) (CO)	
<input type="checkbox"/> Cuff links (CU)	
<input type="checkbox"/> Earrings (ER) (includes clasp, pierced, and pendant earrings)	
<input type="checkbox"/> Key chain (KC)	
<input type="checkbox"/> Money clip (MC)	
<input type="checkbox"/> Necklace (NE) (includes necklaces with pendant or watch)	
<input type="checkbox"/> Pocket knife (PK)	
<input type="checkbox"/> Pocket watch chain (fob) or vest chain (PC)	
<input type="checkbox"/> Ring (RI)	
<input type="checkbox"/> Tie chain, clasp, or tack (TC)	
<input type="checkbox"/> Wallet or purse (WP)	
<input type="checkbox"/> Watch (WA) (includes wrist, pocket, or stopwatch)	
<input type="checkbox"/> Wrist bracelets having pendants (WB) (includes ID and medical alert bracelets)	

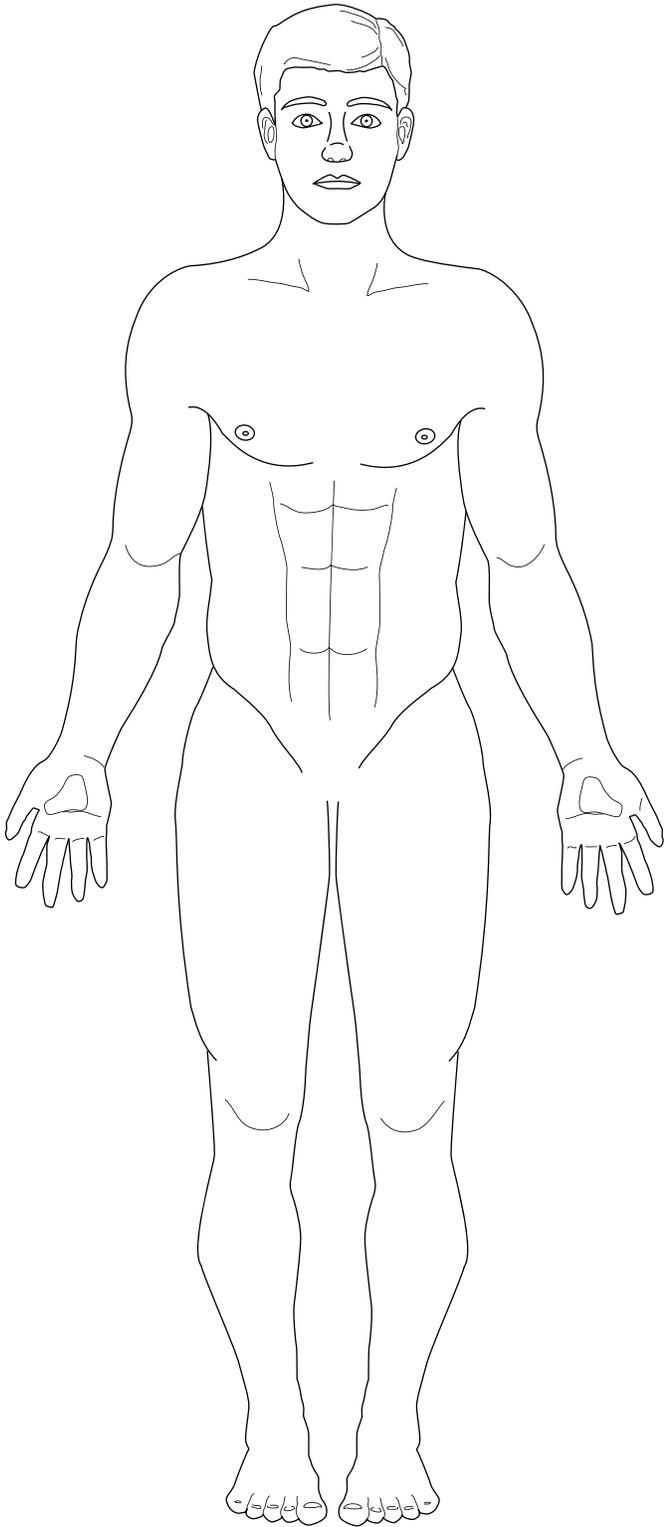
## **MISCELLANEOUS DATA**

Miscellaneous data regarding the missing person may be added. This information may include, but is not limited to, any of the following:

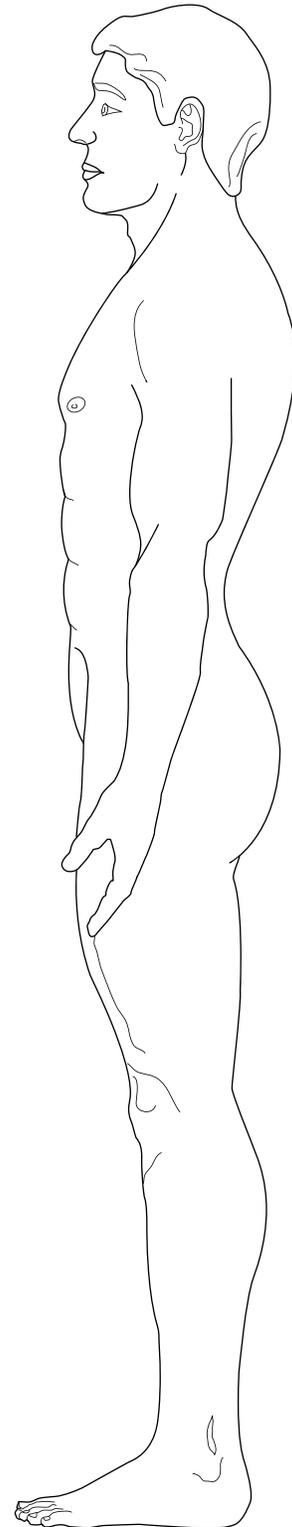
1. Nicknames the missing person may go by
2. Clothing description (size, color, style, laundry marks)
3. Shoes (size, style, color)
4. Smoker (pipe, cigar, cigarette; brand)
5. Tobacco chewer (brand)
6. Fingernails (polish, length, biter)
7. Possible destination
8. Amount of money in possession
9. Medication in possession
10. Left handed
11. Right handed
12. Explanation/description of scars, marks, tattoos, and physical characteristics
13. Conditions under which a juvenile is listed as missing
14. Child is missing under suspicious circumstances, and/or child is believed to be in a life-threatening situation.

### Male External Characteristics Body Diagram

Indicate scars, marks, tattoos, and other characteristics directly on the images below.



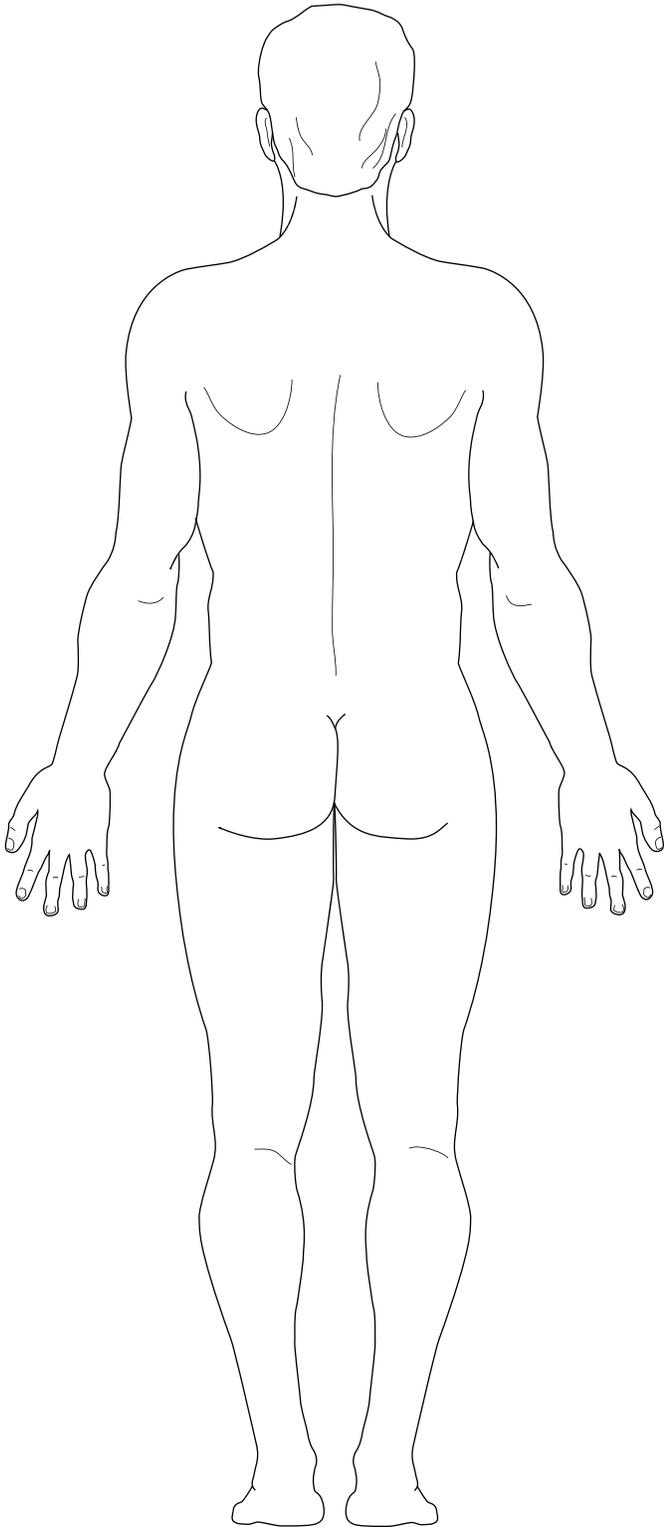
**Front**



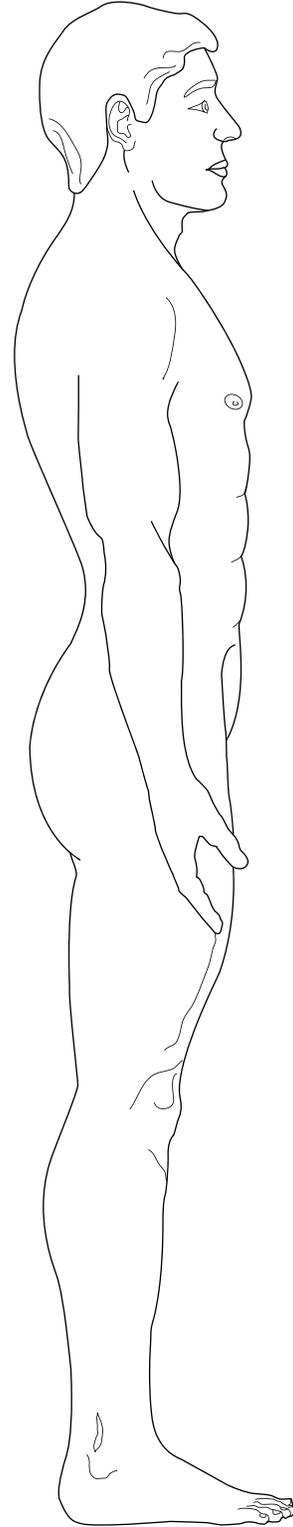
**Left Side**

### Male External Characteristics Body Diagram

Indicate scars, marks, tattoos, and other characteristics directly on the images below.



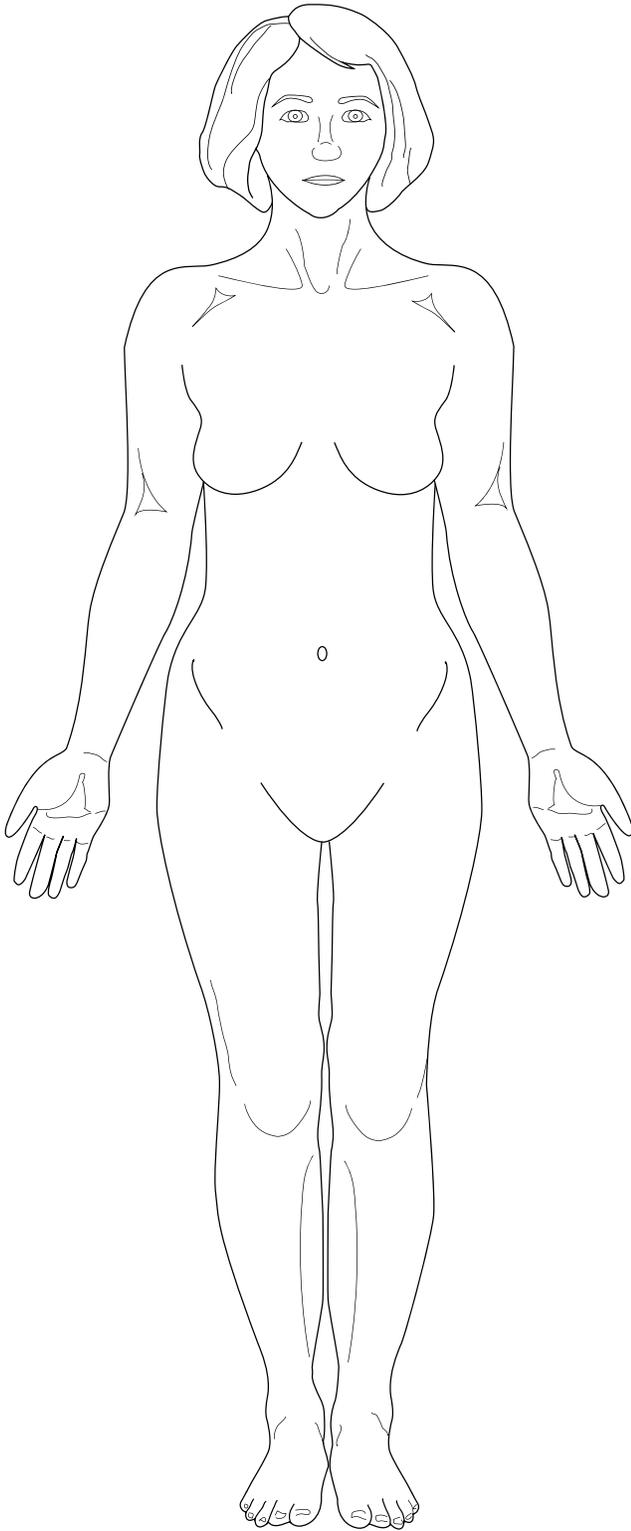
**Back**



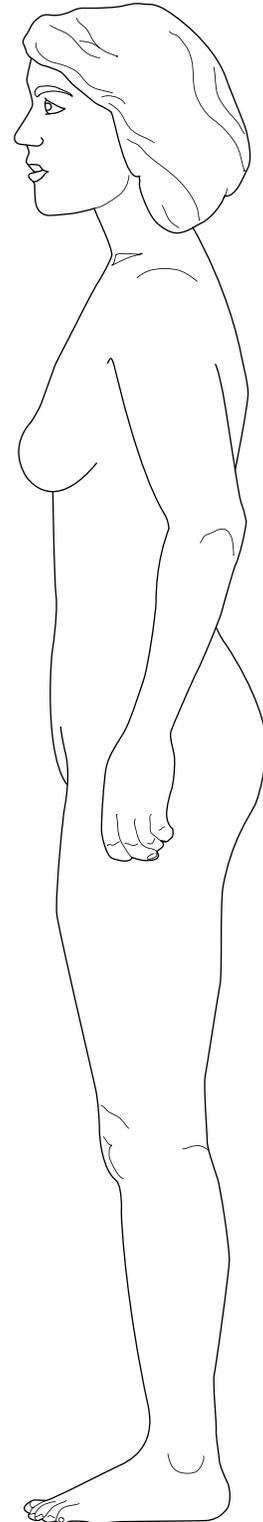
**Right Side**

### Female External Characteristics Body Diagram

Indicate scars, marks, tattoos, and other characteristics directly on the images below.



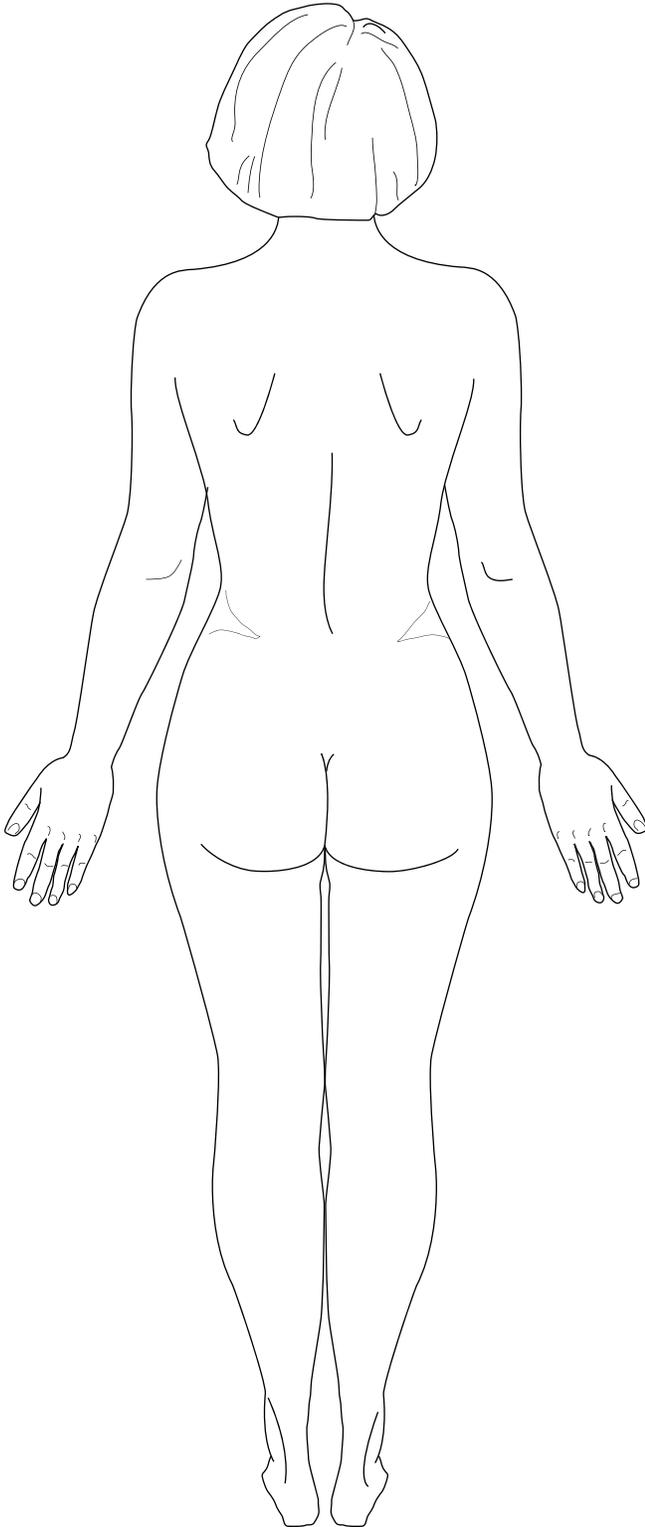
**Front**



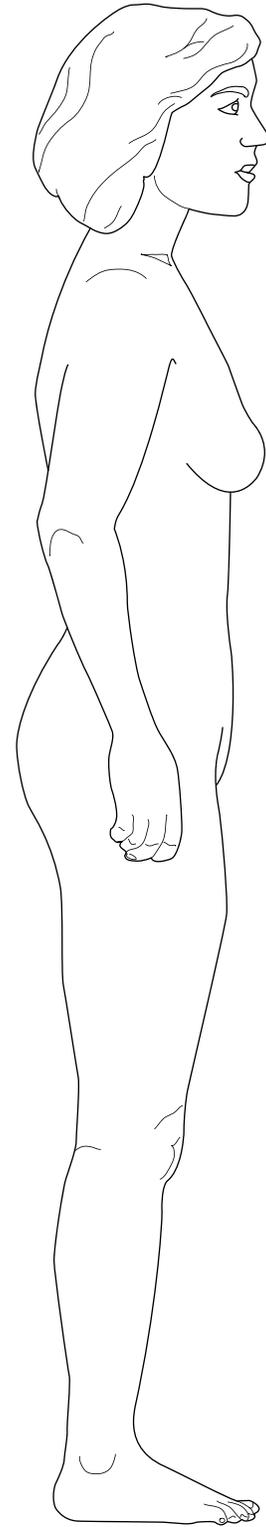
**Left Side**

### Female External Characteristics Body Diagram

Indicate scars, marks, tattoos, and other characteristics directly on the images below.



**Back**



**Right Side**



## Images

Images that may assist in identifying a missing person should be entered into NCIC and associated with the missing person record.

The types of images that can be stored for a missing person are mugshot, signature, and identifying images.

**Mugshot:** Only one mugshot may be entered per record.

**Signature:** Only one signature may be entered per record.

**Identifying Images:** Not more than ten identifying images (other than mugshot and signature) may be associated with one record.

## CODING DENTAL CHARACTERISTICS

### *Letter to Dentist*

Dear Doctor:

Because it is believed that you have treated the subject of this report, your assistance with the enclosed dental report is requested. Your careful attention to the information requested in the dental report may aid in the identification of the person who has been reported missing.

A worksheet for your notes in regard to each tooth is contained in this packet. Using this worksheet will enable you to combine the information shown in the dental records and radiographs to provide an accurate dental profile. Once you have completed the worksheet, you may use these notes to easily transfer the information to the National Crime Information Center (NCIC) Missing Person Dental Report.

This report is designed to facilitate the collection of dental data to be entered into the NCIC, which will compare these dental data to dental characteristics stored in the NCIC Unidentified Person File to develop a candidate list of potential matching records.

Your careful examination of all available dental records will ensure you create a dental profile that will provide key information used in the identification process. Under most circumstances, it should not take you more than a few minutes to complete this report.

If you have any questions regarding the reporting of a condition, contact the **FBI's CJIS Division at (304) 625-3000.**

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### *Dental Data Checklist*

*(to be completed by dentist)*

- All dental information has been collected and reviewed (including, but not limited to all original radiographs, treatment records, dental photographs, and dental models).
- Photographs showing missing persons teeth have been collected from family and/or friends.
- Dental records and photographs collected have been given to the investigating agency.
- Completed Dental Condition Worksheet. (See page 29.)
- Completed NCIC Missing Person Dental Report. (See page 30.)

### DENTAL CONDITION WORKSHEET

(to be completed by dentist)

You should fill out this chart following your complete review of all available dental records and radiographs. You should number the teeth following the format of the Universal numbering system with tooth #1 being the upper right third molar, tooth #16 being the upper left third molar, tooth #17 being the lower left third molar and tooth #32 being the lower right third molar. In your descriptions of the restorations present, you should include the surfaces involved (M, O, D, F, L), the restorative material used, such as amalgam, gold, porcelain, composite, temporary cement and any other conditions that may be observed such as endodontic treatment, pin retention, orthodontic brackets or bands. You must not leave any tooth numbers blank. If the tooth has no restorations, note it as "virgin" or "present, no restoration." Note other significant dental information at the bottom of this chart or on an additional sheet of paper, which you should attach to this worksheet.

1. _____	32. _____
2. _____	31. _____
3. _____	30. _____
4. _____	29. _____
5. _____	28. _____
6. _____	27. _____
7. _____	26. _____
8. _____	25. _____
9. _____	24. _____
10. _____	23. _____
11. _____	22. _____
12. _____	21. _____
13. _____	20. _____
14. _____	19. _____
15. _____	18. _____
16. _____	17. _____

Additional Dental Information:

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## General Procedures for Coding the Report

(to be completed by dentist)

### Section 1:

- Complete the Patient's Name field as reflected in the dental records.
- The Age at Disappearance and NCIC # fields should be completed by the investigating agency.
- The Completed by, Date Completed, Address, Telephone #, Email Address, X-Rays Available, Dental Models Available, and Dental Photographs Available fields should be completed by the individual filling out the dental report.

### Section 2:

- **If no dental information is available**, go directly to Section 4 and check the UNK box. Do not enter any codes in the tooth fields.
- **If all 32 teeth are present with no restorations**, go directly to Section 4 and check the ALL box.
- Review pages 32–36 prior to completing the Dental Characteristics Section of the dental report.
- Tooth numbers are based on the Universal System. The corresponding Federation Dentaire Internationale (FDI) System numbering is depicted in parenthesis.
- Use all available dental evidence to capture the most accurate dental profile.
- Enter the appropriate code(s) next to the corresponding tooth number, 01–32, on the dental report.
- Each tooth must have one or more codes entered except when ALL or UNK is used in Section 4.

### Section 3:

- Dental Codes. A more detailed explanation of these codes and their use is provided on page 32.

### Section 4:

- Used for coding ALL or UNK.
  - If ALL is marked, NCIC will automatically code all teeth as V.
  - If UNK is marked, NCIC will automatically code all teeth as /. A dental comparison will not be performed by NCIC when this box is marked.
- Used for additional dental characteristics not captured in the dental codes listed in Section 3, for example, dental implants, removable dentures, orthodontic appliances. Specific tooth numbers are not always necessary, and key descriptive words are preferred.

## Dental Codes and Descriptions

**Primary Dental Codes** - *One or more codes must be entered for each tooth.*

Code	Description
V	Virgin. Default code for Missing Persons. Tooth is present or assumed to be present and unrestored. This includes unerupted teeth, such as wisdom or deciduous teeth. If no information is available for a particular tooth, this code should be used as it is assumed that all teeth are present (erupted or unerupted) and unrestored when they develop. This code is also used when a tooth has been restored but it is impossible to determine which surface has been restored (most common example of this is the location of a pit type filling on molars when it is impossible to determine whether the filling is on the facial or lingual surface). <b>Note: This code is used differently when coding dental characteristics for Unidentified Persons.</b>
/	A portion of the tooth is remaining and treatment has probably been accomplished on the tooth but it is impossible to determine which surfaces have been restored. This code is most frequently used when a tooth has had an endodontic procedure accomplished and the clinical crown has fractured off. This code is seldom used in coding missing persons dental information. <b>Note: This code is used differently when coding dental characteristics for Unidentified Persons.</b>
X	Missing. Tooth has been extracted or is congenitally missing.
M	Mesial surface of the tooth has been restored.
O	Occlusal or Incisal surface of the tooth has been restored.
D	Distal surface of the tooth has been restored.
F	Facial or Buccal surface of the tooth has been restored.
L	Lingual surface of the tooth has been restored.

**Secondary Dental Codes** - *Cannot be used independently. Must be used in conjunction with Primary codes.*

Code	Description
C	Any laboratory processed restoration including crowns, inlays, onlays, and veneers. This code also includes prefabricated restorations such as stainless steel crowns, metal and acrylic temporary crowns, and porcelain processed veneers.
R	Root canal. Evidence is available to establish that an endodontic procedure has been started or completed.

### Common Coding Rules and Interpretation Issues with Examples

Issue	Description	Example
<p><b>No Records Regarding the Condition of Some Teeth</b></p>	<p>The default code for missing person dental records is V. If no information is available for a particular tooth or teeth, it is assumed that they developed and were unrestored.</p>	<p>The only records received for analysis are bitewing-type X-rays. There is no information concerning the anterior teeth and the wisdom teeth. The appropriate code entries for these teeth are:</p> <p>01V    32V 06V    27V 07V    26V 08V    25V</p> <p>09V    24V 10V    23V 11V    22V 16V    17V</p>
<p><b>Multiple Restorations on One Tooth Surface</b></p>	<p>Only <b>one</b> surface code is entered for a particular surface on a specific tooth regardless of the number of restorations on that particular surface.</p>	<p>Tooth #28 has two occlusal pit restorations, the appropriate code entry: <b>28O</b>.</p>
<p><b>Deciduous Teeth</b></p>	<p>Deciduous teeth are coded in the same manner as permanent teeth. When the available dental records are in the mixed dentition phase, the examiner must establish the likelihood of the deciduous tooth being exfoliated and replaced by the permanent tooth during the time interval between the date of the last dental record (written/radiograph) and the date the individual went missing. <b>For the purposes of NCIC coding, the general rule is: Unless there is evidence to the contrary, it is assumed that all deciduous teeth will be replaced by permanent teeth at 11+ years of age.</b> When in doubt, use the default V code.</p>	<p>#1: The most recent available dental records are of the individual at 7 years of age and indicate a MOD restoration on the lower right second deciduous molar. The individual went missing at 9 years of age. The tooth should be coded: <b>29MOD</b></p> <p>#2: The most recent available dental records are of the individual at 9 years of age and indicate a MOD restoration on the lower right second deciduous molar. The radiographs show evidence of a permanent successor. The individual went missing at 16 years of age. The tooth should be coded: <b>29V</b></p> <p>#3: The most recent available dental records are of the individual at 10 years of age and indicate a MOD restoration on the lower right second deciduous molar. The radiographs clearly show no evidence of a permanent successor. The individual went missing at 16 years of age. The tooth should be coded: <b>29MOD</b></p>

### Common Coding Rules and Interpretation Issues with Examples

Issue	Description	Example
<b>Fixed Dental Bridge</b>	The important feature is that the tooth has been extracted.	Tooth #8 has been extracted and replaced with a fixed bridge. Teeth #7 and #9 are the abutment teeth and restored with full coverage porcelain to metal crowns. The teeth should be coded: <b>07MODFLC</b> <b>08X</b> <b>09MODFLC</b>
<b>Dental Implant</b>	The important feature is that the tooth has been extracted.	Tooth #8 has been extracted and replaced by a dental implant. The tooth should be coded: Dental Report, Section 2 - <b>08X</b> Dental Report, Section 4 - <b>Implant 08</b>
<b>Removable Dentures</b>	All teeth that are replaced by a complete or partial denture are coded as X in Section 2 of the dental report, and the appropriate notation should be made in Section 4.	<b>“Complete Maxillary Denture”,</b> <b>“Complete Mandibular Denture”,</b> <b>“Partial Maxillary Denture”,</b> and/or <b>“Partial Mandibular Denture.”</b>
<b>Overdenture Teeth</b>	All missing teeth are coded with X. For the purposes of NCIC coding, the overdenture teeth are assumed to have endodontic treatment and some sort of cast coping.	Teeth #6 and #11 are overdenture teeth for a complete maxillary denture. These teeth should be coded: Section 2 - Missing teeth coded <b>X</b> <b>06MODFLCR</b> <b>11MODFLCR</b> Section 4 - <b>Complete Maxillary Denture, Overdenture 06, Overdenture 11</b>
<b>Orthodontic Appliances (Active and Passive)</b>	All teeth are coded for their dental characteristics and a notation should be made in Section 4 of the dental report	Section 4 - <b>“Orthodontic Appliance”</b>
<b>Pit and Fissure Sealants</b>	Pit and fissure sealants are not considered restorations for the purposes of NCIC coding.	All teeth that have pit and fissure sealants are coded <b>V</b> .

### Common Coding Rules and Interpretation Issues with Examples

Issue	Description	Example
<b>Facial or Lingual Restoration</b>	Sometimes it is impossible to distinguish if a restoration is on the facial or lingual surface. Review the written records to help determine the position or extent of the restorations observed on the x-rays. If it is impossible to determine which surface contains the restoration, the appropriate NCIC code is <b>V</b> . Otherwise, code only the restored surfaces that can be reasonably identified.	#1: A pit restoration is observed on tooth #19. It is impossible to determine whether it is on the facial or the lingual surface. The tooth should be coded: <b>19V</b>  #2: A restoration is observed on tooth #14. It appears to be an Occlusal restoration that extends either to the facial or lingual surface, but the extension location cannot be determined. The tooth should be coded: <b>14O</b>
<b>Missing Premolars (Bicuspid)</b>	Determining which premolars were extracted may be difficult, particularly following completion of orthodontic treatment. Careful examination of the radiographs and written treatment records is often helpful in making this determination. For the purposes of NCIC coding, <b>if it is impossible to determine</b> which premolars were extracted, the appropriate code is <b>V</b> .	<b>If it is impossible to determine</b> which premolars were extracted, the appropriate code is <b>V</b> .
<b>Anterior Composite Restoration</b>	The coding of restored surfaces on anterior teeth should be conservative when interpreting dental records for a missing person.	A small mesial restoration is observed radiographically for tooth #8. The written records indicate a mesiolingual restoration was placed on the tooth. The tooth should be coded: <b>08M</b>
<b>Extent of Large Restorations</b>	Coding surfaces on restorations that appear to be quite extensive on x-rays can be difficult. A review of written treatment records may clarify the actual surfaces that have been restored. Code <b>only</b> the surfaces that show evidence of being restored.	X-rays indicate a large build up type restoration on tooth #19. The written dental records do not indicate which surfaces have been restored. The radiographs, however, indicate obvious restorations on the mesial, occlusal, and distal surfaces. The tooth should be coded: <b>19MOD</b>

## Entry Rules for NCIC Dental Characteristics

The following rules apply to **each tooth** for the successful entry of dental characteristics into NCIC:

1. The DCH Field requires that a code or series of codes be entered for each tooth. The tooth number (01–32) must be followed by option A, B, or C:
  - A. One special character /, or one special character / followed by R.
  - B. One alphabetic character M, O, D, F, L, X, V.
  - C. Two to seven alphabetic characters M, O, D, F, L, C, and R.
2. Any combination of M, O, D, F, L should be entered in the sequence of M, O, D, F, L.
3. The R character should follow any combination of M, O, D, F, L, C or the / character.
4. The C character should follow any combination of M, O, D, F, or L.
5. The only character that should be used with / is the R character.
6. The characters V and X should not be used with any combination of characters.
7. The characters M, O, D, F, L, C, R, /, V, and X may be used only once per numeric.

If you have any questions regarding the reporting of a condition, contact the **FBI's CJIS Division at (304) 625-3000**.

Thank you for your careful completion of this report. Please be sure to retain all dental records on the missing person for future comparisons, or if you desire, you may release the records to the parent(s) and/or investigating agency. The family and friends of your patient are extremely grateful for your assistance.

# **APPENDIX**

**Missing Child/College Student Intake Form**

**General Authorization to Publicize Form**

**Runaway Addendum Form**

**Family Abduction Form**

**Vulnerable Adult Intake Form**

**AMBER Alert Submission Form**

**Missing Adult Alert Submission Form**

**Missing Child/College Student Alert Form**

Submit by Email



Print Form

# Missing Child/College Student Case Intake Report

**NOTE:** If you are using web-based email (ex: hotmail, gmail, yahoo etc.) you cannot use the "Submit by Email" button. Instead fill out the form and save it, then attach it to an email to: missingpersons@dcjs.ny.gov. or fax to 518-457-6965.

Case Type  Missing Date  Date Submitted

**Complainant Information** Name  Agency Name (if applicable)

Street Address  City

State/Zip Code  County/Country  Home Phone #

Work Phone #  Cell Phone #  Email

Miscellaneous

## Missing Child/Student Information

Last Name  First Name  MI

Street Address  City

State/Zip Code  County/Country  Sex  Race

Age  DOB  Height  Weight  Hair

Eyes  Skin Tone  Social Security #

Alias/Nickname  Place of Birth

Physical Characteristics (Scars/Marks/Tattoos/Piercings/Dentals)

Medical Problem/Medication Utilized

School Name/Grade

Clothing Description

Place of Last Contact  Date  Time

Miscellaneous

Mother's Maiden Name  Fingerprints Available  Cell Phone #

Email  Blog/Chat/Instant Messaging Used

Screen Name(s) /Web Page Addresses

---

**Missing Child/Student Information****Child/Student #2 (if Applicable)**

Last Name	<input type="text"/>	First Name	<input type="text"/>	MI	<input type="text"/>
Street Address	<input type="text"/>			City	<input type="text"/>
State/Zip Code	<input type="text"/>	County/Country	<input type="text"/>	Sex	<input type="text"/>
Race	<input type="text"/>				
Age	<input type="text"/>	DOB	<input type="text"/>	Height	<input type="text"/>
Weight	<input type="text"/>		Hair	<input type="text"/>	
Eyes	<input type="text"/>	Skin Tone	<input type="text"/>	Social Security #	<input type="text"/>
Alias/Nickname	<input type="text"/>		Place of Birth	<input type="text"/>	
Physical Characteristics (Scars/Marks/Tattoo/Piercings/Dentals)	<input type="text"/>				
Medical Problem/Medication Utilized	<input type="text"/>				
School Name/Grade	<input type="text"/>				
Clothing Description	<input type="text"/>				
Date/Time/Place of Last Contact	<input type="text"/>				
Miscellaneous	<input type="text"/>				
Mother's Maiden Name	<input type="text"/>	Fingerprints Available	<input type="text"/>	Cell Phone #	<input type="text"/>
Email	<input type="text"/>	Blog/Chat/Instant Messaging Used	<input type="text"/>		
Screen Name(s) /Web Page Addresses	<input type="text"/>				

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**Parent Information: Mother (if Different than Complainant)**

Last Name	<input type="text"/>	First Name	<input type="text"/>	MI	<input type="text"/>
Street Address	<input type="text"/>			City	<input type="text"/>
State/Zip Code	<input type="text"/>	County/Country	<input type="text"/>	Home Phone #	<input type="text"/>
Work Phone #	<input type="text"/>	Cell Phone #	<input type="text"/>	Email	<input type="text"/>

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**Parent Information: Father (if Different than Complainant)**

Last Name	<input type="text"/>	First Name	<input type="text"/>	MI	<input type="text"/>
Street Address	<input type="text"/>			City	<input type="text"/>
State/Zip Code	<input type="text"/>	County/Country	<input type="text"/>	Home Phone #	<input type="text"/>
Work Phone #	<input type="text"/>	Cell Phone #	<input type="text"/>	Email	<input type="text"/>

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Information  Relationship

Last Name  First Name  MI

Street Address  City

State/Zip Code  County/Country  Sex

Mother's Maiden Name  Alias/Nickname

Race  Age  DOB  Height  Weight

Hair  Eyes  Social Security #  Place of Birth

Physical Characteristics  
(Scars/Marks/Tattoo/Piercings/Dentals)

Occupation  Employer

Miscellaneous  
(i.e., physical or mental condition)

Home Phone #  Work Phone #

Cell Phone #  Email

Blog/Chat/Instant Messaging Used

Screen Name(s)/Web page Addresses

---

**VEHICLE INFORMATION (IF APPLICABLE)**

Vehicle Involved  Vehicle Make  Model

Approximate Year  Color  Registration (License Plate #)

Registration (License Plate State)  Special Identifiers/Miscellaneous

Other

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**INVESTIGATING LAW ENFORCEMENT AGENCY INFORMATION**

Investigating Police Agency

Agency Address

Investigating Officer's Name  Telephone #

Fax #  Cell Phone #  Email

Agency Case #  Date of Report  Other

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**LEGAL INFORMATION**

Arrest Warrant Issued For

Charge(s)

Court Name  Docket #

Custody Decree  Court Name  Docket #

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**NARRATIVE/BACKGROUND INFORMATION**

This Case Intake Report should be forwarded along with a completed General Authorization to Publicize, Runaway Addendum or Family Abduction Addendum form and photographs to:

NYS Division of Criminal Justice Services  
Missing Persons Clearinghouse  
4 Tower Place  
Albany, NY 12203

1-800-FIND-KID  
FAX # (518) 457-6965  
missingpersons@dcjs.ny.gov  
www.criminaljustice.ny.gov

Submit by Email



Print Form

## GENERAL AUTHORIZATION FORM

**NOTE:** If you are using web-based email (ex: hotmail, gmail, yahoo etc.) you cannot use the "Submit by Email" button. Instead fill out the form and save it, then attach it to an email to: [missingpersons@dcjs.ny.gov](mailto:missingpersons@dcjs.ny.gov). or fax to 518-457-6965.

### MISSING CHILD/COLLEGE STUDENT INFORMATION

Last Name	<input type="text"/>	First Name	<input type="text"/>	Middle	<input type="text"/>
Gender	<input type="text"/>	Race	<input type="text"/>	DOB	<input type="text"/>
Place of Birth	<input type="text"/>	Mother's Maiden Name	<input type="text"/>		

**ALSO, SUBMIT AT LEAST ONE PHOTOGRAPH (TAKEN WITHIN THE LAST 6 MONTHS, HEAD AND SHOULDERS ONLY, NAME AND DATE TAKEN MARKED ON THE BACK) OF THE MISSING CHILD/STUDENT. IF APPLICABLE, INCLUDE CERTIFIED COURT DOCUMENTS PERTAINING TO CUSTODY.**

The undersigned parent/guardian or spouse (if married student) of  hereby requests the information pertinent to the disappearance of the above named child/college student and deemed appropriate for release by the law enforcement agency responsible for the investigation of the said disappearance be published and/or circulated by any method subscribed to by the New York State Division of Criminal Justice Services (DCJS), including the use of photographs. I understand this information will be made available to the public, media, other law enforcement agencies, hospitals, social service agencies, shelters, medical examiners and/or other agencies or organizations involved with missing persons. I understand and agree that any or all information supplied by me shall be truthful and I agree to hold harmless any agency or department using, transmitting, or distributing this information for errors or omissions or commissions occasioned by information I supply. I further agree that a photocopy of this authorization shall have the same effect as the original.

If available, DCJS can store and upload his/her fingerprints to the Statewide Automated Fingerprint Identification System to assist with developing lead information. I  authorize  do not authorize

### PARENT/LEGAL GUARDIAN or SPOUSE INFORMATION

Last Name	<input type="text"/>	First Name	<input type="text"/>	MI	<input type="text"/>
Street Address	<input type="text"/>			City	<input type="text"/>
State/Zip Code	<input type="text"/>	Relationship to Child/Student	<input type="text"/>		
Telephone # (Home)	<input type="text"/>	(Work)	<input type="text"/>		
Telephone # (Cell)	<input type="text"/>	Email	<input type="text"/>		
Signature	<input type="text"/>	Date	<input type="text"/>		

NYS DIVISION OF CRIMINAL JUSTICE  
MISSING PERSONS CLEARINGHOUSE  
4 TOWER PLACE  
ALBANY, NY 12203

1-800-FIND-KID (1-800-346-3543)

(518) 457-6965 FAX

[missingpersons@dcjs.ny.gov](mailto:missingpersons@dcjs.ny.gov)

[www.criminaljustice.ny.gov](http://www.criminaljustice.ny.gov)

Submit by Email



Print Form

# RUNAWAY ADDENDUM

**NOTE:** If you are using web-based email (ex: hotmail, gmail, yahoo etc.) you cannot use the "Submit by Email" button. Instead fill out the form and save it, then attach it to an email to: missingpersons@dcjs.ny.gov. or fax to 518-457-6965.

## REPORTING PERSON INFORMATION

Date  Relationship to Child

Last Name  First Name

## MISSING CHILD INFORMATION

Last Name  First Name  Middle Name

Where Last Seen  Date  Time

Briefly describe the circumstances which occurred prior to and at the time disappearance. If known, include the motivation for running away (e.g., disagreements with parents, separation or divorce of parents, desire to be independent or alone with a boyfriend/girlfriend, online acquaintances/activities, gang involvement).

Has the child ever indicated that he or she would run away?  Yes  No

Has he or she ever ran away before?  Yes  No If yes, provide details (e.g., when, where, length of time missing, location while missing.)

Specify places where the child lived in the past (e.g., name of municipality, state and street address.)

Specify places (e.g., states, cities) that the child has expressed and interest in visiting or living.

Do you believe that there is any possibility that any family members, friends or others are providing aid to the runaway(s)?  Yes  No

Identify possibilities by name and location.

If applicable, specify the type of employment last held by the child and the employer's name and address.

Describe the child's prior encounters with law enforcement and the courts. Describe circumstances, locations and approximate dates.

Describe any drug, alcohol or other chemical dependencies the child may have.

Describe the child's general interests (e.g., sports, online activities.)

Describe any school or out-of-school activities that the child participated in (e.g., YMCA, school or community sports programs.)

Describe the child's personality (e.g., friendly, outgoing, withdrawn, shy.)

If the child has a regional or foreign accent or speaks a language other than English, please describe.

Describe the child's strengths and weaknesses (e.g., punctual/tardy, enthusiastic/indifferent.)

Describe the relationship between the child's parents (e.g., advisarial/amicable/violent).

Was there an on-going or pending custody dispute?  Yes  No If yes, provide details.

#### **ADDITIONAL DETAILS**

This addendum should be forwarded along with a completed Case Intake Report, Authorization To Publicize-Missing Child/College Student form and photographs to:

NYS Division of Criminal Justice Services  
Missing Persons Clearinghouse  
4 Tower Place  
Albany, NY 12203  
1-800-FIND-KID (1-800-346-3543)  
Fax # (518) 457-6965  
missingpersons@dcjs.ny.gov  
www.criminaljustice.ny.gov

Submit by Email



Print Form

# FAMILY ABDUCTION ADDENDUM

**NOTE:** If you are using web-based email (ex: hotmail, gmail, yahoo etc.) you cannot use the "Submit by Email" button. Instead fill out the form and save it, then attach it to an email to: missingpersons@dcjs.ny.gov. or fax to 518-457-6965.

## REPORTING PERSON INFORMATION

Date  Relationship to Child

Last name  First Name

## MISSING CHILD/ABDUCTOR INFORMATION

Child Name: Last  First Name  Middle Name

Abductor Name: Last  First Name  Middle Name

Where Last Seen  Date  Time

Briefly describe the circumstances which occurred prior to and at the time of disappearance. If known, include the motivation for the abduction (i.e., on-going or pending custody dispute.)

Has the abducting family member ever indicated that he or she would take the child?  Yes  No

Has he or she done so before?  Yes  No If yes, provide details (i.e., when, where, length of time missing, location while missing.)

Specify places where the abducting family member lived in the past (i.e., name of municipality, state and street address.)

Specify places (i.e., states, cities) where the abducting family member has expressed an interest in visiting or living.

Do you believe that any family members, friends or others could be providing aid to the abducting family member?

Yes  No Identify possibilities by name and location.

Is it believed that others (i.e., new spouse with children from a previous relationship) may be with the abductor and missing child?

Yes  No If yes, please identify all by name and provide as much information as possible (i.e., ages, physical descriptions, occupations.)

Describe the child's general interests (i.e., sports, online activities.)

Describe any school or out-of-school activities that the child participated in (i.e., YMCA, school or community sports programs.)

Describe the child's personality (i.e., friendly, outgoing, withdrawn, shy.)

If the child has a regional or foreign accent or speaks a language other than English, please describe.

Describe the abductor's general interest.

If the abductor has a regional or foreign accent or speaks a language other than English, please describe.

Is the abductor prone to violence against the child(ren)?  Yes  No      Other adults?  Yes  No

Specify the educational level of the abductor (i.e., high school graduate, college graduate.) If known, include the names and addresses of schools/colleges attended.

List any skills, hobbies or general interests that the abductor may have (i.e., computer training, hunting, fishing, sports.)

Describe the abductor's prior encounters with law enforcement and the courts. Describe circumstances, locations and approximate dates.

Describe abductor's financial resources and methods of payments (i.e., cash, credit cards, checks, loans.) Include the names and locations of any financial institutions (i.e., banks, credit card companies) that he or she used prior to the disappearance.

**ADDITIONAL NARRATIVE/BACKGROUND INFORMATION**

This addendum should be forwarded along with a completed Case Intake Report, Authorization to Publicize- Missing Child/College Student form and photographs to:

NYS Division of Criminal Justice Services  
Missing Persons Clearinghouse  
4 Tower Place  
Albany, NY 12203

1-800-FIND-KID (1-800-346-3543)  
Fax # (518) 457-6965  
missingpersons@dcjs.ny.gov  
www.criminaljustice.ny.gov



## VULNERABLE ADULT CASE INTAKE REPORT

**NOTE:** If you are using web-based email (ex: hotmail, gmail, yahoo etc.) you cannot use the "Submit by Email" button. Instead fill out the form and save it, then attach it to an email to: missingpersons@dcjs.ny.gov. or fax to 518-457-6965.

Date of Last Contact: (mm/dd/yyyy)

Date Submitted:

**CALLER INFORMATION**     Son     Daughter     Other:

Name:

 Male Female

Agency Name (if applicable):

Street Address:

City:

State:

Zipcode:

County/Country:

Telephone # (Home):

Telephone # (Work):

Cell Phone #:

Fax #:

Email:

**MISSING ADULT INFORMATION**

Cognitive Impairment

Last Name:

First Name:

MI:

Maiden Name

Street Address:

City:

State:

ZipCode:

County/Country:

 Male Female

Race:

DOB:

Age:

Height:

Weight:

Hair:

Eyes:

Complexion:

Social Security #:

Alias/Nickname:

Place of Birth:

Physical Description (Scars, Marks, Tattoos):

Medical Problems/Medication Used:

Glasses

 Yes No

Clothing Description:

Date/Time of Last Contact:

Location of Last Contact:

Cell Phone #:

Email:

**VEHICLE INFORMATION (IF APPLICABLE)**

Adult

Companion

Vehicle Involved:  Vehicle Make:  Vehicle Model:

Year:  Color:  License Plate#:  State:

Special Identifiers:

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**EMPLOYMENT INFORMATION**

Employer:   Previous  Current Employer Address:

Employer Phone:  Occupation:

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**INVESTIGATING LAW ENFORCEMENT AGENCY INFORMATION**

Investigating Police Agency:

Agency Address:

Investigating Officer's Name:

Telephone#:  Fax#:  Cell#:  Agency Case #:

Report Date:  Other:

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**OTHER INFORMATION**

Briefly describe the circumstances which occurred prior to and at the time of the disappearance. If known, include the motivation for wandering away (cognitive impairment):

Has the adult ever wandered away before?  Yes  No

If so, please provide details (when, where, length of time missing, location found)

Specify places where the adult lived in the past (e.g., name of municipality, state and street addresses.)

Specify place (e.g., states, cities) that the adult has expressed an interest in visiting or living:

If applicable, specify the type of employment last held by the adult and the employer's name and address:

Describe the adult's prior encounters with law enforcement and/or the Courts. Describe circumstances, locations and approximate dates:

Describe any drug, alcohol or other chemical dependencies the adult may have:

Describe the adult's interests (associations, clubs etc.):

Describe the adult's personality, also history of suicidal or aggressive behavior:

If the adult has a regional or foreign accent or speaks a language other than English, please describe:

***ADDITIONAL DETAILS***

Submit by Email

# AMBER ALERT SUBMISSION FORM URGENT- FOR IMMEDIATE ACTION- URGENT

Print Form

**\*\*\*Call NYSP Communications at (518) 457-6811 Before Completing This Form\*\*\***

**TO: NYSP Communications and Special Victims Unit** \*\*\* Email form (and child/abductor images): [commop@troopers.ny.gov](mailto:commop@troopers.ny.gov)  
AND [nyspsvu@troopers.ny.gov](mailto:nyspsvu@troopers.ny.gov) Alternate method - FAX Form: (518) 457-3207\*\*\* **NOTE:** If you are using web-based email (ex: hotmail, gmail, yahoo etc.) you cannot use the "Submit by Email" button. Instead fill out the form and save it, then attach it to an email.

**FROM:**     
Investigating Agency Name Officer Name Phone # (including area code)

Incident Date  Incident Time

Incident Location     
Municipality Name County Specific Location

Telephone Number (for Broadcast)

### CHILD INFORMATION

Name     
Last First Middle

Sex  Race  Height  Weight  Eye Color  Hair Color

Date of Birth  Age  Scars/Marks/Tattoos

Clothing Description

### SUSPECT INFORMATION

Name     
Last First Middle

Sex  Race  Height  Weight  Eye Color  Hair Color

Date of Birth  Age  Scars/Marks/Tattoos

Clothing Description

### VEHICLE INFORMATION

Plate Number  State  Year  Make  Model  Color

Other Descriptors

**ABDUCTION DESCRIPTION** (include circumstances, direction of travel, possible destination, additional suspects, etc)

NCIC # ENTRY

# VULNERABLE ADULT ALERT SUBMISSION FORM

**URGENT--FOR IMMEDIATE ACTION--URGENT**

**\*\*\*Call NYS DCJS Missing Persons Clearinghouse at 1-800-346-3543 before submitting form\*\*\***

**NOTE:** If you are using web-based email (ex: hotmail, gmail, yahoo etc.) you cannot use the "Submit by Email" button. Instead fill out the form and save it, then attach it to an email to: missingpersons@dcjs.ny.gov. or fax to 518-457-6965.

From:     
 Investigating Agency Name                      Officer Name                      Phone # (including area code)

**Message: We have a confirmed Missing Vulnerable Adult--please broadcast the following information.**

Does case meet the following protocol? 1) Cognitive impairment, mental disability or brain disorder? 2) Credible threat of harm to person?

Incident Date  Incident Time  Impairment   
 County  Specific Location   
 Incident Description

## ADULT INFORMATION

Last Name  First Name  Middle Name   
 Maiden Name  Date of Birth  Age  Sex  Race   
 Height  Weight  Eye Color  Hair Color  Glasses  Yes  
 No

Medical Information/Medications:   
 Scars/Marks/Tattoos   
 Clothing Description   
 Home Address  City  State  Zip Code

## VEHICLE INFORMATION

Plate Number  State  Year  Make  Model  Color   
 Other Descriptors

NCIC or WPR #:

**Phone number to be displayed on poster. Be prepared for numerous calls from media and public 24/7.**

Submit by Email



Print Form

# Missing Child/College Student Alert Activation Request

**URGENT--FOR IMMEDIATE ACTION--URGENT**

**\*\*\*Call NYS DCJS Missing Persons Clearinghouse at 1-800-346-3543 before submitting form\*\*\***

**NOTE:** If you are using web-based email (ex: hotmail, gmail, yahoo etc.) you cannot use the "Submit by Email" button. Instead fill out the form and save it, then attach it to an email to: missingpersons@dcjs.ny.gov. or fax to 518-457-6965.

From:

Investigating Agency Name                      Officer Name                      Phone # (including area code)

**Message: It is believed this missing child/college student is in imminent danger or harm. Please broadcast the following information:**

Incident Date       Incident Time       Incident Location

County       Specific Location

Incident Description

### CHILD/COLLEGE STUDENT INFORMATION

Last Name       First Name       Middle Name

Date of Birth       Age       Sex       Race

Height       Weight       Eye Color       Hair Color

Scars/Marks/Tattoos

Clothing Description

### SUSPECT INFORMATION

Last Name       First Name       Middle Name

Date of Birth       Age       Sex       Race

Height       Weight       Eye Color       Hair Color

Scars/Marks/Tattoos

Clothing Description

### VEHICLE INFORMATION

Plate Number       State       Year       Make       Model       Color

Other Descriptors

NCIC or WPR #:       Phone number to be displayed on poster.

Be prepared for numerous calls from media and public 24/7.