Missing Person Report <u>CONFIDENTIAL</u>

The MPR provides a format to collect information in an efficient and coherent manner and is used to support a missing person investigation. It may also be used as a guide for conducting an interview. Information used to complete the form may come from multiple sources and from multiple interviews. Use a separate form for each interview and collate the information in a master file. If there is more than one missing person associated with this case, use a separate form for each subject.

Case Name/Number			Agency			
Date	Date Time Loca			tion		
Interviewer's Name	1		Title	Agency		
Information given by				DOB		
Address						
Home Phone		Busines	s Phone			
Cell Phone, Other Numbers	<u>.</u>					
Occupation		Employe	er			
Relationship to missing persor	1					
Other persons interviewed: Na	ame, contact inform	ation, da	ate, time & re	elationship.		
	Missing	Person				
Full Name			Nickname(s)			
Name to call		Aliase				
Safe word? Y N Word		Who	no knows it?			
Subject's primary language						
Home address						
Business or local address						
Home Phone Bus			ess Phone			
Cell Phone, Other Numbers		•				
E-mail address						

Case Name/Number	
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				Des	cription)				
Age	Race	G	Sender		Hgt		Wgt	İ	DOE	3
Build	•				II.				I	
Hair Color			Leng	gth				Style		
If balding, de	escribe		•							
Describe fac	ial hair									
Eye color		Glasses	YN	Reg	gular	,	Sun			Contacts
Describe gla	sses									
Eyesight with	nout glass	es								
Facial featur	es, shape									
Complexion										
Distinguishin		scars								
General app	earance									
		en Last	Seen: N	ote k	orand, st	tyle, p	atte	rn, col	ors,	& size for each
Hat/Cap/Sca	ırf									
Shirt/Blouse										
Pants										
Dress										
Sweater										
Coat/Jacket/	Raingear									
	Footwear									
Hose/Socks										
Underwear										
Other										
Describe all hair accesso				/ have	e been we	earing,	, such	n as bel	t, ring	gs, watch, pins,
Describe all (describe co										allet, backpack apon, etc.

Case	Name/Number	

Details of Lo	oss
Location missing from	
Point Last Seen (PLS)	
Day/Date Last Seen	Time Last Seen
Last seen by whom	,
Subject accompanied by animal(s)? Describe	
Vehicle description, if driving	
Destination(s), stated intentions	
Possible routes	
Weather at time of loss	
Events of last 24 hours leading up to time of loss	
Reported missing by:	Why?
Address	
Phones	
Relationship to missing person	
Where can this person be reached in the next 12 hou	rs?
Subject's Expe	rience
Resident of	How long?
Previous residence	How long?
Birthplace	·
Has this person been the object of a search in the pas	st?
If so, describe date(s), circumstances of loss, how lor	
condition when found and actions taken by subject when the subject when th	me missing (ii known)
Additional Information	and Comments

Case Name/Number	
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Physical Health						
General physical	condition					
Handicaps						
Known medical p	roblems					
Pregnant?	How long?		Menstruating?			
Physician	·		Phone			
Address						
	Mental/Emo	tional Health				
General mental h	ealth					
Known mental pro	oblems					
Suicidal?	Previous attempts (explain)					
Is this subject pos	ssibly dangerous to self or othe	ers? Explain:				
	have access to or is he/she po	ossibly carrying a wea	apon?			
Are all weapons a						
Fears and phobia						
Knowledgeable p	erson	P	hone			
Address						
	Medications: Prescripti		=			
Medication	Medication, strength and dosage Affect if not taken					

Case	Name/Number	

				Identi	fication						
Drivers Lice	ense:	State	е	No.				Date	Issued		
Other Ident	tificatior	1		<u> </u>							
Is subject e	enrolled	in Sa	ife Return o	or similar pro	gram?	Descr	ibe:				
Electronic t	racking	devi	ce? [Describe:							
Cradit sand	a. 1:at				nces						
Credit card	S: LIST	card r	names and	account nun	nbers						
Checking a	nd savi	nas a	ccounts: L	ist banks and	d account nui	mbers	;				
		90 0									
Does subje	ct have	cred	it cards or o	check book ir	n possession	? Y	N	Cash	carried:		
Describe:											
			Γ	Detailed Su	bject Histor	Υ					
Single			Married		Divorced			Wi	idowed		
Spouse's N						Ph	one				
Address (if	differer	nt)									
Siblings (N	ame, ao	ge, re	sidence) U	se Back If Ne	ecessary						
Fathers Na	me								Living?	Υ	N
Contact Inf	ormatio	n									
Occupation	n & Emp	oloyer									
Mothers Na	ame								Living?	Υ	N
Contact Inf	ormatio	n									1

Case Name/Number	
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Detailed Subject History	y, continued			
Occupation & Employer				
Other relatives that may provide information				
Subject's primary occupation		Retired?	Υ	N
Employer	F	low long?		
Contact person				
Previous employment history				
Education level				
Military service branch	Currently active or r	eserve?	Υ	N
Contact person	Dates of service			
Religion or belief system		Active?	Υ	N
Contact person		·		
Other persons who may provide information				
Hobbies, special interests				
Experience in outdoors, backcountry				
Favorite places to visit				
Athletic ability, mobility				
Active/outgoing or quiet/withdrawn?				
Attitude toward authority				
Recent, current or anticipated financial, legal or other p	roblems			
Who does subject confide in and/or whom does he/she	frequently talk to on	the phone?		
Who last talked with subject at length?				

Detailed Subject History, continued					
When and what was topic?					
Recent letters or writings?					
Does subject keep a diary?					
Does subject have access to a computer? Description:	scribe locations, user name(s), password(s)				
Does subject smoke, drink or use illegal drugs? Des	scribe in detail:				
Additional Information	and Comments				

Refer to mental/emotional health section Mental age, if known How old does the subject look? Fears and phobias: Horses? Dogs? Dark? Sirens, loud noises? Other: (describe) Will subject answer, if called? Preferred name to call Any training on what to do if lost, such as Hug-A-Tree? How does subject normally travel? (Foot, bike, public transportation, family, friends, etc) Will subject talk to strangers, accept rides? Is there a "home place" or other special place? Does subject have a caretaker or a day care facility? Can the subject dress and/or feed him/herself? Does there appear to be any issues with family, school or care facility? Does the subject know how to call home or call 911? What would this subject most likely do if lost? Additional Information and Comments		Children,	Elderl	y, Spe	cial N	leeds	
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Additional Information and Comments	What would this subject most likely do if lost?						
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Additional Information and Comments							
		Additional In	forma	tion ar	nd Co	mmer	nts

Case	Name/Number	

Planning Information									
Local Responsible Agency Phone									
Address									
Name &	Title	of Responsible A	gent						
Contact Information									
Other as:	sistin	g agencies							
NCIC		Date		Time A		Agend	Agency		
Amber A	lert	Date		Time	Time Age		;y		
Other									
Obtain:		ntification	Photos		Sc	ent Arti	cle	Records et al	
Special p	reca	utions, instruction	s to sea	rch teams					
Search b	ase/c	command post loc	ation, di	rections, ph	one	numbei	s, radio	frequencies	
Actions to	o date	e: (Date and time	of this r	eport)					
Person to be notified when subject located									
Additional Information and Comments									

Case Name/Number	
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Instructions and Comments

- 1. The MPR is a companion to the Missing Person Initial Report. The information gathered there is vital to making the decision whether or not a physical search is necessary, and it also provides the initial data needed to initiate an operation.
- 2. This form provides the detailed planning and searching data that may be required to manage the search operation and is a tool useful to the on-going investigation.
- 3. The first detailed interview should be with the most knowledgeable person available.
- 4. Use as many forms as necessary to conduct multiple interviews. In the event more than one person is missing in the same incident, use a separate form for each subject.
- 5. If there are evidentiary issues, each form should be initiated by and retained in the custody of the investigating officer.
- 6. Information gathered in multiple interviews and on separate subjects must be collated and compared.
- 7. Additional information generated by the questions listed on the form should be referenced to the question and detailed on the back of the page.

Credits

The National Park Service is generally credited with creating the first detailed Lost Person Questionnaire. Over the years there have been many variants adopted and used around the world. This form is derived from a version used by the Virginia Search and Rescue Council.

There are several differences in this Missing Person Report and other versions. First is the emphasis on "missing" rather than "lost." Missing persons are not necessarily lost. Second is the layout. Sections are divided according to specific types of information and laid out in a somewhat priority order. It should be emphasized that all immediately available information should be gathered as soon as possible and further information can be filled in as it becomes available. Third is the incorporation of information important to both law enforcement and search and rescue management.

The Missing Person Report is not copyrighted and its use is encouraged. Agencies and organizations may adopt and modify the form to suit their individual needs. Credit for authorship is appreciated. For an electronic version write to:

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