

MISSING PERSON - ADULT

☐ DISABILITY ☐ INVOLUNTARY ☐ ENDANGERED ☐ CATASTROPHE ☐ OTHER

This report cannot be entered LEDS/NCIC without the information indicated by an *.



Grand Ronde Tribal Police
9655 Grand Ronde Rd.
Grand Ronde, Oregon 97347
Business (503)879-1821 Fax (503)879-2417

Case # * _____

Related Case # _____

Reporting Officer _____

NAME*: _____

First*

Middle

Last*

AKA/NICKNAMES _____

Street

City

State

ZIP

PHONE: Home _____ Cell: _____ Cell Provider: _____ Work: _____

DOB*: _____ Place of Birth: _____ **SEX***: _____ **HEIGHT***: _____ **WEIGHT***: _____

SOCIAL SECURITY #: _____ ODL: _____ STATE: _____

PHYSICAL DESCRIPTORS:

RAC*: ☐ White ☐ Black ☐ Hispanic ☐ American Indian ☐ Pacific Islander ☐ Asian

EYE*: ☐ Black ☐ Brown ☐ Green ☐ Blue ☐ Hazel ☐ Gray ☐ Maroon ☐ Pink ☐ Multi ☐ Unknown ☐ Other _____

HAIR*: ☐ Black ☐ Gray ☐ Sandy ☐ Brown ☐ Red ☐ White ☐ Blonde/Strawberry Blonde ☐ Bald ☐ Other _____

SKIN*: ☐ Fair ☐ Light ☐ Medium ☐ Dark ☐ Olive ☐ Yellow ☐ Olive ☐ Rudy ☐ Sallow ☐ Black ☐ Medium Brown
☐ Light Brown ☐ Dark Brown

SCARS / MARKS: _____

TATTOOS: _____

BODY PIERCINGS: ☐ RIGHT EAR ☐ LEFT EAR ☐ MULTS IN EARS ☐ TONGUE ☐ EYEBROW ☐ NOSE ☐ STOMACH ☐ GENITALS

CLOTHING DESCRIPTION:

Shirt	Undershirt	Scarf
Pants/Shorts	Coat/Jacket	Backpack
Shoes	Sweatshirt	Other
Socks	Hat	Other

JEWELRY:

Type: _____ Description: _____

Type: _____ Description: _____

Type: _____ Description: _____

ASSOCIATED VEHICLE:

License: _____ State: _____ Color: _____ Make: _____ Model _____ Style: _____

VIN: _____ Vehicle damage or markings _____

Bumper stickers or flags: _____

HEALTH:PHYSICAL HEALTH CONDITIONS If so, is missing taking any medication for his/her condition(s):

_____MENTAL HEALTH CONDITIONS If so, is missing taking any medication for his/her condition(s):

DOCTORS' NAME: _____ LAST MEDICAL VISIT: _____ Was blood drawn?

BLOOD TYPE: _____ CIRCUMCISION: _____ (Y/N OR N/A) DOES MISSING WEAR GLASSES OR CONTACTS? _____

ARE BODY X-RAYS AVAILABLE? _____

DENTIST'S NAME: _____

DENTAL CHARACTERISTICS: _____

ARE DENTAL X-RAYS AVAILABLE? _____ ARE DENTAL MODELS AVAILABLE? _____

QUESTIONS:NAMES AND ADDRESS OF NATURAL PARENTS:

_____NAMES AND ADDRESS OF RELATIVES:

_____NAMES AND ADDRESS FRIENDS:

_____**DATE OF LAST CONTACT? *** _____

FROM WHERE DID MISSING LEAVE? _____

WHOM MIGHT HE/SHE BE WITH? _____

WHERE MIGHT HE/SHE BE GOING? _____

WHAT HAS BEEN HIS/HER GENERAL ATTITUDE? _____

ARE THERE ANY MISSING PERSONAL ITEMS? _____

WHAT ARE MISSING'S HABITS AND ROUTINES? _____

IS THIS A PATTERN? WHEN DID THIS LAST OCCUR? _____

DOES MISSING HAVE ACCESS TO A COMPUTER? _____

HAVE THERE BEEN FAMILY PROBLEMS? _____

DOES MISSING EVER BEEN KNOWN TO CARRY WEAPONS AND IF SO, WHAT TYPE? _____

ARE THERE WEAPONS IN THE HOME AND DOES MISSING HAVE ACCESS TO THEM? _____

HAS MISSING BEEN IN THE MILITARY? _____

TASKS:

DATE COMPLETED	TASK
_____	SEARCH OF RESIDENCE
_____	COLLECT HAIR AND TOOTHBRUSH FOR DNA
_____	SEARCH OF OUTBUILDINGS AND PROPERTY
_____	NEIGHBORHOOD CANVAS FOR ANYTHING RELEVANT/SUSPICIOUS
_____	RECREATE ACTIVITY OF MISSING FOR LAST 24 HOURS
_____	OBTAIN REPORTING PARTIES ACTIVITY PRIOR TO AND AFTER THEY LEARNED SUBJECT WAS MISSING
_____	INTERVIEW EVERYONE IN HOUSEHOLD INCLUDING CHILDREN
_____	OBTAIN CURRENT PHOTOGRAPH
_____	COMPUTER INFO OBTAINED ON EMAIL ACCOUNTS, SOCIAL MEDIAL, CHAT ROOMS, WEB SITES, ETC.
_____	FINANCIALS OBTAINED / CREDIT ACCOUNTS AND COMPANIES/ MEMBER SERVICES
_____	INSURANCE POLICIES OBTAINED
_____	FINGERPRINT CLASSIFICATION

Signature of Reporting Party**Date**

