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MISSING PERSON
DATA COLLECTION GUIDE

Index

This guide supersedes all previous versions of the DCJS-1508/NYSP CB-7 for reporting missing persons, in accordance with the provisions of New York State Executive Law Sections §837-e, §837-f, §837-f-1 and§ 838.

The New York State Missing Persons Clearinghouse (MPC) located within the New York State Division of Criminal Justice Services (DCJS) operates in accordance with New York State Executive Law Sections 837-e, 837-f, 837-f-1 and 838, Part 6055 of the Official Compilation of Codes, Rules and Regulations and the Campus Safety Act of 1999, all of which pertain to missing children and college students and vulnerable adults.

Services provided by the MPC include investigative support to law enforcement agencies, assistance to left-behind family members and missing person investigative training for law enforcement. MPC staff also work closely with local, state and national public and private sector organizations, including law enforcement agencies, the National Center for Missing & Exploited Children, other state clearinghouses, not-for-profit organizations and the U.S. Department of State.

Urgent Services Offered by MPC

General investigative support includes:

1. Operating the 1-800-346-3543 hotline for case intake and lead information;
2. Providing short and long-term investigative assistance to law enforcement agencies;
3. Preparing and electronically distributing NYS Missing Child, College Student and Vulnerable Adult Alerts statewide;
4. Placing missing child and vulnerable adult photographs and biographical information on the DCJS and National Center for Missing and Exploited Children (NCMEC) websites (children only);
5. Analyzing, transcribing and entering dental and anatomical information into DCJS and National Crime Information Center (NCIC) files on behalf of law enforcement agencies and medical examiners;
6. Developing and distributing printed missing child posters statewide;
7. Administering the statewide missing/unidentified person repository (mandated "flagging" missing child birth and educational records is facilitated through the use of this data);

When a missing child, college student or vulnerable adult case involves significant endangerment, alert programs are used to ensure the most rapid and widespread dissemination of information possible. Not all cases result in Alert activation; certain criteria must be met.

The New York State AMBER Alert Program, administered by the New York State Police. The State Police partner with the MPC, the New York State Broadcasters' Association, local law enforcement, local broadcasters and others to immediately involve the public in the search for an abducted child under the age of 18. Investigating agencies submit case information directly to the State Police Communications Section in Albany and the State Police then electronically distribute alert posters to broadcasters, law enforcement agencies and other entities in the area of the abduction. Case details are shared via television and radio stations, highway message signs, in-store lottery ticket terminals and Thruway service area televisions. When there is known vehicle information, a request is sent to

law enforcement agencies throughout New York State to activate license plate readers (LPRs). The State Police, DCJS and NCMEC websites are updated and anyone who has subscribed to the state's NY-ALERT system is notified via e-mail or mobile device.

The New York State Missing Child Alert and Missing College Student Alert Program, administered by the MPC. When a missing child under the age of 21 or a college student of any age is deemed to be endangered, but the case does not meet AMBER Alert activation criteria, there are two alternative alert systems available: the Missing Child Alert and Missing College Student Alert programs**.** A missing child or college student can be at serious risk of bodily harm or death without an abduction occurring. For example, children with Down syndrome, autism or other medical conditions can be at an extreme safety risk if they go missing.

When a Missing Child or Missing College Student Alert is activated, information about the missing child or college student can be distributed electronically throughout New York State to every police agency, television and radio stations and newspapers, New York State Thruway travel plazas/toll barriers, airports, bus terminals, train stations, border crossings, alert subscribers and others in the activated region within minutes. Broadcasters are not required to publicize these alerts. Information is also posted to the DCJS website and the National Center for Missing and Exploited Children (NCMEC) website. Alerts for missing children and college students are activated for 72 hours, unless law enforcement requests an extension. When that timeframe expires, cases for which alerts are issued are converted to standard cases, which are publicized on the DCJS website.

The New York State Missing Vulnerable Adult Alert Program, administered by the MPC. When a vulnerable adult who is at least 18 years old and is deemed to have a cognitive impairment, mental disability or brain disorder go missing and is at a credible threat of harm, the Missing Vulnerable Adult Alert is available. Distribution of information is identical to that used for a Missing Child Alert.

Non-Urgent Services Offered by MPC

- Presenting investigative training programs for law enforcement officers;
- Developing and disseminating investigative procedures and guides;
- Developing and distributing child safety literature;
- Collaborating with NCMEC and other state clearinghouses;
- Providing assistance to police agencies, schools, legislators and others;
- Administering the mandated statewide missing and unidentified person repository; Information contained in this database is submitted by law enforcement agencies via the e-JusticeNY Integrated Justice Portal. Mandated "flagging" of missing child birth and educational records is facilitated through the use of this data;
- Developing and disseminating missing/abducted child investigative procedures and guides, including videos and podcasts;
- Collaborating 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.

- Offering an ongoing outreach program which includes: downloadable child and Internet safety publications and presentation material (in PowerPoint format) available through the DCJS public website; and
- Presenting missing and abducted child investigative and alert training at police conferences and mandated training programs.

The Missing Child Alert, Missing College Student Alert and Missing Vulnerable Adult Alert or non-alert assistance can be requested via the eJustice Integrate Justice Portal (IJ Portal) system, in the missing person record modify screen.

Overview of DNA

DNA is found in nearly every cell in the human body in a core structure called the nucleus. DNA represents a 50/50 mixture from the DNA of an individual's mother and the DNA of the individual's father. With the exception of identical twins, everyone has a different DNA profile.

Another form of DNA is found in our cell's mitochondria. Unlike traditional DNA found in the cell's nucleus, mitochondrial DNA (mtDNA) is not a mixture of DNA from the mother and father, but represents only DNA from the mother. This means that all siblings with the same mother share the same mtDNA. Even though mtDNA is not as unique to an individual as traditional DNA found in the cell's nucleus, it has a different advantage. While nearly every cell in the body has one nucleus, the cell will have 50-100 mitochondria. This means that mtDNA is less susceptible to breakdown from heat or other environmental conditions and can be a valuable tool for the identification of human remains when it is not possible to obtain a nuclear DNA profile.

Importance of DNA in Missing Person Cases

Collecting family DNA profiles maximizes the information which investigators can use to develop useful leads to resolve identifications of missing and unidentified persons. Law enforcement agencies involved in an active missing person case (case in which a missing person report has been filed) are strongly encouraged to collect reference DNA samples from two or more close biological relatives (see list below) of the missing person. DNA technology can provide valuable information to assist in determining the source of unidentified human remains and may provide a critical investigative link to a missing person case.

The **Family Reference Sample Collection Kit** is used to obtain DNA samples. DNA samples submitted by family members are used _**solely**_ to help locate or identify the missing person and are not used for any other purpose. Relatives of missing persons voluntarily contribute reference DNA samples to identify a missing person and the DNA record of a relative of a missing person will be removed at the request of the individual who voluntarily provided the reference sample.

Reference DNA samples that are submitted by law enforcement agencies without the appropriate documentation may not be acceptable for analysis and entry in CODIS.

Family reference samples can be collected from:
- Biological Child
- Biological Father
- Biological Mother
- Biological Sibling
- Deduced Missing Person
- Maternal Relative
- Missing Person Paternal Relative

To obtain a Family Reference Sample Collection Kit, contact the New York State Division of Criminal Justice Services - Office of Forensic Services at (518) 457-1901.

NamUs

The National Missing and Unidentified Persons System (NamUs) is a clearinghouse for information related to missing persons, unidentified decedents and unclaimed persons across the United States, as well as a system of forensic and analytical resources to help resolve these cases. The NamUs databases, located online at ww.namus.gov, are free, Internet-based data repositories that can be searched by medical examiners, coroners, law enforcement personnel and the general public to help solve missing and unidentified person cases.

When a new missing or unidentified person case is entered into the NamUs database and validated, the system automatically performs comparisons, searching for matches or similarities among missing and unidentified persons. Most registered NamUs users – including law enforcement personnel, medical examiners, coroners and case managers – are able to view system-generated matches and adjust matching criteria to filter results. In addition, users can perform manual searches of the NamUs databases to locate potential matches based on unique features such as scars, marks, tattoos, jewelry and clothing descriptions, etc.

- The NamUs **Missing Person (MP) Database** contains information related to missing persons that can be entered by anyone; however, before a missing person case is published for public viewing, it must be vetted with the appropriate Criminal Justice Agency (CJA) and that agency must provide NamUs with permission to publish the case. The NamUs MP database provides users with a variety of resources such as the ability to print missing person posters, receive free biometric collection assistance, and search the NamUs databases for potential associations between missing, unidentified and unclaimed persons. The NamUs MP database can be accessed directly from www.FindTheMissing.org.

- The NamUs **Unidentified Person (UP) Database** contains information related to decedents whose bodies have not been identified, as well as living persons whose identity is unknown due to memory impairments and/or other circumstances. UP cases are entered by medical examiners and coroners and their designees throughout the United States. NamUs allows all stakeholders to search the UP database using a variety of distinct features or advanced search options, including characteristics such as sex, race, distinct body features, dental information, etc. The NamUs UP database can be accessed directly from www.IdentifyUs.org.

- The NamUs **Unclaimed Person (UCP) Database** contains information related to deceased persons who have been identified by name but for whom no next of kin has been identified or located to claim the body for burial or other disposition. UCP cases can be entered only by CJAs and their designees, but the database is searchable by the public. Once next of kin has been located and verified by the case owner, cases should be removed from public view unless there is an investigative reason to do otherwise. The NamUs UCP database can be accessed directly from www.ClaimUs.org.

The minimum required data for RSA acceptance of an **MP case** includes an entry into all of the following fields:

1. First Name
2. Last Name
3. Age
4. Sex
5. Race
6. Height
7. DNA Status
8. Dental Status
9. City Missing
10. State Missing
11. Date Last Known Alive (LKA)
12. Circumstance of death – ensure that there is no Personally Identifiable Information (PII) or Law Enforcement Sensitive (LES) information included in the publicly viewable text field
13. Hair Color
14. Eye Color
15. Fingerprint Status
16. Local Contact's Relationship

Direct Reference Sample

Direct Reference Samples (DRS) are samples obtained directly from the missing person. Medically obtained blood cards, whole blood, or a tissue specimen that was collected from the missing person are appropriate, as well as any personal item(s) from the missing person capable of furnishing a DNA profile (e.g. toothbrush, clothing, hairbrush).

ALL CORRESPONDENCE AND MATERIALS SENT TO NYS DCJS MUST INCLUDE:	
NCIC Record Number	Agency Name
Name of the Missing Person	Category
Agency Case #	ORI Number

QUESTIONS: Call the NYS DCJS Missing Persons Clearinghouse at 1-800-346-3543

GENERAL GUIDELINES FOR HANDLING MISSING PERSON CASES

<u>Children:</u> 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 immediately as <u>within two hours</u> 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.

<u>College Students:</u> 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 Persons Clearinghouse (MPC) to assist with searches for missing college students.

<u>Vulnerable Adults:</u> When investigating a report of a missing vulnerable adult or that an unidentified living person may be a missing vulnerable adult, a report ***must*** be taken and biographical information ***must*** be entered into DCJS/NCIC files immediately.

NYS Executive Law §838 states: Whenever a criminal justice agency determines that a person is a missing vulnerable adult, as defined in section eight hundred thirty-seven-f-one of this article, or that an unidentified living person may be a missing vulnerable adult, such criminal justice agency shall enter the report of such missing vulnerable adult in any database of missing persons maintained by the division and the federal government.

<u>Adults:</u> 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.

The DCJS eJusticeNY Integrated Portal System enables New York State users to enter more specific missing person's conditions than NCIC does. The condition is converted to the NCIC default condition when the entry is received by the FBI. Please ensure that when entering a missing person that the most appropriate condition and circumstance are utilized.

Missing Persons Conditions via DCJS eJusticeNY Integrated Portal System	
Condition	**Description**
Disabled	A person of any age who is missing and under proven physical/mental disability subjecting himself/herself to personal and immediate danger.
Disaster Victim	A person of any age who is missing after a catastrophe.
Endangered	A person of any age who is missing under circumstances indicating that his/her physical safety may be in danger.
Involuntary	A person of any age who is missing under circumstances indicating that the disappearance may not have been voluntary, i.e., abduction or kidnapping.
Juvenile	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 or a missing person between the ages of 18 and under 21 who meet the Missing Person Circumstances of Adult Federally Required Entry.
Other	A person age 21 and older not meeting the criteria for entry in any other category who is missing and for whom there is a reasonable concern for his/her safety.
Vulnerable Adult	A person 18 years or older who is missing and has a cognitive impairment, mental disability or brain disorder and 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	
(Conditionally required field for **all juvenile entries** which provides additional information concerning the nature of the disappearance.)	
Circumstance	**Description**
Abducted by Non-custodial Parent	Child who is taken or abducted by a parent who does not have court ordered custody.
Acquaintance Abduction	Child who is taken or abducted against their will by a person known to the child or family.
Adult Federally Required Entry	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.
Circumstances Unknown	A child who is reported missing but there are insufficient facts to determine the circumstances.
Familial Abduction	A child who is taken, detained, concealed, enticed away, or retained by a parent/family member or other person at the request of the parent.
Lost/Wandered Away	A child who is reported to have strayed or wandered away and whose whereabouts is unknown.
Runaway	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.
Stranger Abduction	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. **Initial Entry Report** - A copy of this report is located on pages 11 and 12. The investigating officer should complete the report, underline 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.

2. **If the missing person is a child. college student or vulnerable adult** - The NYS DCJS MPC's "Runaway Intake Report, Family Abdcution Intake Report or Missing Vulnerable Adult Intake Report" forms (located in the Appendix) should be completed. Upon receipt, they should be reviewed to ensure that information is complete and accurate. The original forms should be retained by the investigating law enforcement agency and copies should be forwarded to NYS DCJS/MPC via fax, email or mail.

3. **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 15 - 26) and Jewelry Type Form (page 27). Ensure that all information is promptly added to the DCJS/NCIC missing person record.

4. **Medical, Dental and Optical Information** - Ensure that the Medical Records Authorization Form (page 14) 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.

5. **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 36 - 43) 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.

6. **Miscellaneous Data** - Any other information available about the missing person should be documented on this form (page 28). Ensure that all information is promptly added to the DCJS/NCIC missing person record.

7. **External Characteristics Body Diagrams -** These sheets (pages 29 - 32) 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.

8. **Internal Characteristics Coding Sheet -** This sheet (page 33) 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.

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

10. **When the missing person is located** – cancel the record via the eJusticeNY Integrated Justice Portal.

    Always use the cancel reason lookup and choose the appropriate description. After making the selection, be sure to click outside the cancel code box changing it from highlighted blue to white, then select cancel record.

Code	Description
I	Missing person record determined to be invalid or no longer sought.
Q	Missing person recovered, arrested, non-victim.
S	Missing person recovered, arrested, victim of criminal activity or exploitation while missing.
T	Missing person recovered deceased.
P	Missing person recovered, not arrested, non-victim
R	Missing person recovered, not arrested, victim of criminal activity or exploitation while missing.
U	Missing person voluntarily returned home.

    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 MPC 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 confirms authorization by a parent or legal guardian by selecting the Authorization to Publicize checkbox in the Missing Person Record entry/modify screen.

Initial Entry Report

Reporting Agency (ORI)	Agency Case #	FBI #
Linking Agency	LKI Case #	

Missing Persons Condition (see page 2)

☐Disabled　　☐Involuntary　　☐Other
☐Disaster Victim　☐Juvenile　　☐Vulnerable Adult
☐Endangered

Missing Person Circumstance (see page 3)

☐Acquaintance Abduction　　☐Runaway　　☐Stranger Abduction
☐Adult Federally Required　☐Lost Wandered Away　☐Circumstance Unknown
☐Familial Abduction

Missing Person Name　　　　　　　　　　**Missing Person Photo Available** ☐Yes ☐No

Last　　　　　　　First　　　　　　　Middle　　　　　　　Maiden

Sex ☐Female ☐Male	**Race** ☐Asian ☐Black ☐Indian ☐White ☐Unknown	**Eye Color** ☐Black ☐Blue ☐Brown ☐Gray ☐Green ☐Hazel ☐Maroon ☐Multicolored ☐Pink ☐unknown

Hair Color ☐Bald ☐Blue ☐Black ☐Blonde ☐Brown ☐Gray ☐Green ☐Multi-colored ☐Orange ☐Other ☐Pink ☐Purple ☐Red ☐Sandy ☐Unkn ☐White

DOB

SOC

HGT	**Skin Tone**	☐Albino ☐Black	☐Dark ☐Dark Brown	☐Fair ☐Light	☐Lt Brown ☐Medium	☐Med Brown ☐Olive	☐Ruddy ☐Sallow	☐Yellow	**Ethnicity** ☐Hispanic ☐Not Hispanic
WGT									

Scars, Marks, Tattoos and Other Characteristics (see Checklist, page 10)

Last Contact Date

Last Contact Time

Place of Birth	Birth County	Birth City, Town or Village

Last Known Address

Street　　　　　　　　City　　　　　　　　State　　　Postal Code

Missing From Address ☐Same as above

Street　　　　　　　　City　　　　　　　　State　　　Postal Code

Clothing Description:

Case Details/MISC: (If more space is needed, attached additional sheet)

Blood Type:	☐A Negative ☐A Positive ☐A Unknown	☐B Negative ☐B Positive ☐B Unknown	☐AB Negative ☐AB Positive ☐AB Unknown	☐O Negative ☐O Positive ☐O Unknown	☐Unknown	**DNA:** ☐Yes ☐No	**Circumcision:** ☐Circumcised
						DNA Location:	☐Not Circumcised ☐Unknown

Footprint Available: ☐Yes ☐No　　**Corrective Lenses: (VRS)**

Fingerprint Class:

Jewelry Type (see page 22)	**Jewelry Description**	**Body X-Rays** ☐No x-rays available ☐X-rays available for all body parts ☐X-rays available for some, but not all body parts

Caution and Medical Conditions:

☐Alcoholic　　　　☐Escape Risk　　　　☐Known to abuse drugs　　☐Sexually Violent Predator – contact ORI for detailed
☐Allergies　　　　☐Explosive Expertise　☐Martial Arts Expert　　　information
☐Armed & Dangerous　☐Heart Condition　　☐Medication Required　　☐Suicidal
☐Diabetic　　　　☐Hemophiliac　　　　☐Other (explain in Misc. Data Field)　☐Violent Tendencies
☐Epilepsy　　　　☐International Flight Risk

Mother's Maiden Name Last	First	Middle
Birth Father's Name Last	First	Middle

Attends NY School ☐Yes ☐No	**School District**	**School Name**	**School CTV**

Investigating Officer Name　Last　　　　　　First

Telephone　　　　　　　　　E-mail

Operator's License #	State	Year of Expiration	
Plate	State	Expires	Type
Vehicle ID	Year	Make	Model
Vehicle Style	Color		

Suspect Name | **Suspect Photo Available** ☐Yes ☐No

Last	First	Middle	Suffix

Sex	**Race**	☐ Black	☐White	**Eye Color**	☐Black	☐Brown	☐Green	☐Maroon	☐Pink
☐Female ☐Male	☐Asian	☐Indian	☐Unknown		☐Blue	☐Gray	☐Hazel	☐Multicolored	☐Unknown

Hair Color	☐Blonde				**Birth Date**		**HGT**	**Ethnicity**
☐Bald	☐Brown	☐Multi-colored	☐Pink	☐Sandy				☐Hispanic
☐Blue	☐Gray	☐Orange	☐Purple	☐Unkn	**Wanted NCIC #**		**WGT**	☐Not Hispanic
☐Black	☐Green	☐Other	☐Red	☐White				

Scars, Marks, Tattoos and Other Characteristics (see Checklist, page 10)

Clothing Description

Complainant's Name	Last	First	Middle
Complainant's Address	Street	City	State	Postal Code

Complainant's Telephone	**Complainant's E-mail**

Missing Person's Telephone	**Missing Person's E-mail**

Close Friends/Relatives

Places Missing Person Frequented

Possible Destination

Previously missing? ☐Yes ☐No	**If yes, location found**

Narrative

Reporting Officer	**Reporting Agency Telephone Number**

Complainant's Signature	**Date**	**NCIC Number**

For tips and resources on responding to missing persons incidents go to the NYS DJS Missing Persons Clearinghouse web app "Find Them" at www.criminaljustice.ny.gov/missing/findthem

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

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 Opthalmologist   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.

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

_____   _____
Printed Name   Relationship

_____   _____
Street Address   Telephone Number

_____
City, State, Zip

Agency Case #_____

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)

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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)

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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)

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Medical Devices - Continued

☐ Vascular prosthesis (VASC PROTH)
☐ Shunt, arterial vascular (SHUNT ART)
☐ Cardiac pacemaker (CARD PACEM)
☐ Intrauterine device (IUD)
☐ Penile implant (IMPL PENIS)

☐ Colostomy appliances (COLOST APP)
☐ Orthopedic nail or pin (ORTH NAIL)
☐ Orthopedic plate (ORTH PLATE)
☐ Orthopedic screw (ORTH SCREW)
☐ Staples (STAPLES)
☐ 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 LLLEG)
☐ 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)

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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. 23

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)

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Agency Case #_____

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)

☐ Acne (MC ACNE)

☐ Alcoholism (MC ALCOHOL)

☐ Allergies including asthma (MC ALLERGY)

☐ Alzheimer's Disease (MC ALZHMRS)

☐ Arthritis (MC ARTHRTS)

☐ Attention Deficit Disorder (MC ADD)

☐ Behavior Disorder (past and present, includes autism, depression, schizophrenia and suicidal tendencies) (MC BEHAVIO)

☐ Hematological Diseases (diseases of the blood - includes anemia, hemophilia, leukemia, and sickle cell anemia.) (MC BLOOD)

☐ Cancer (MC CANCER)

☐ Diabetic (MC DIABTIC)

☐ Down's Syndrome (MC DOWNSYN)

☐ Drug Abuse (MC DRUGAB)

☐ Eating Disorders (includes anorexia nervosa and bulimia) (MC EATDIS)

☐ Heart/circulatory diseases (includes high blood pressure, heart failure, heart attack, hardening of the arteries, and circulation problems) (MC HEART)

☐ Kidney conditions/diseases (MC KIDNEY)

☐ Liver disease (includes cirrhosis and hepatitis) (MC LIVER)

☐ Nervous conditions (includes seizures, stroke, senility, and mental retardation) (MC NERVOUS)

☐ Neurological conditions/diseases (includes Cerebral Palsy, epilepsy, Multiple Sclerosis, and Parkinson's Disease) (MC NRLGCAL)

☐ Paraplegic (MC PARPLGC)

☐ Quadriplegic (MC QUADPLG)

☐ Pregnancy, present (MC PREGNAN)

☐ Pregnancy, past (MC PASTPRE)

☐ Pulmonary/lung diseases (includes emphysema and Cystic Fibrosis (MC PLMNARY)

☐ Thyroid conditions/diseases (MC THYROID)

☐ Skin disorders (includes psoriasis and eczema) (MC SKIN)

☐ Tuberculosis (MC TB)

☐ Tourette's Syndrome (MC TOURETE)

☐ 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)

☐ Analgesics - pain relievers (includes Darvon, Acetaminophen, and Aspirin) (TD ANALGES)

☐ Antibiotics (TD ANTBTCS)

☐ Anticonvulsants - seizure medicines (includes Dilantin, Mysoline, and Phenobarbital) (TD ACONVUL)

☐ Antidepressants - mood lifters (includes Amitriptylene, Elavil, Prozac, Norpramine, Triavil, and Zoloft) (TD ADEPRES)

☐ Anti-inflammatory medication (TD ANTINFL)

☐ Bronchial dilators (includes inhalers) (TD BRNCHDL)

☐ Cardiac - heart medications (includes Digitalis and Digoxin) (TD CARDIAC)

☐ Hypnotics - sleeping aids (includes Barbiturates, Chloral Hydrate, and Glutethemide) (TD HYPNOTI)

☐ Insulin (TD INSULIN)

☐ Ritalin (TD RITALIN)

☐ Tranquilizers (includes Valium, Thorazine, and Stellazine) (TD TRANQUI)

☐ Other therapeutic medications* (TD OTHER)

Information for entering agency:

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

Drugs of Abuse (DA)

☐ Alcohol (DA ALCOHOL)

☐ Amphetamines (includes stimulants) (DA AMPHETA)

☐ Barbiturates (DA BARBITU)

☐ Cocaine (includes crack) (DA COCAINE)

☐ Glue (DA GLUE)

☐ Hallucinogens (DA HALLUCI)

☐ Marijuana (DA MARIJUA)

☐ Narcotics (includes Heroin, Morphine, Dilaudid, Methadone) (DA NARCOTI)

☐ Paint (includes thinner) (DA PAINT)

☐ Ritalin (DA RITALIN)

☐ Rohypnol (brand name for Flunitrazepam, also referred to as "rophies", "roofies", "ruffies", and "roche") (DA ROHYPNL)

☐ Other drugs of abuse* (DA OTHER)

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.

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

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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.
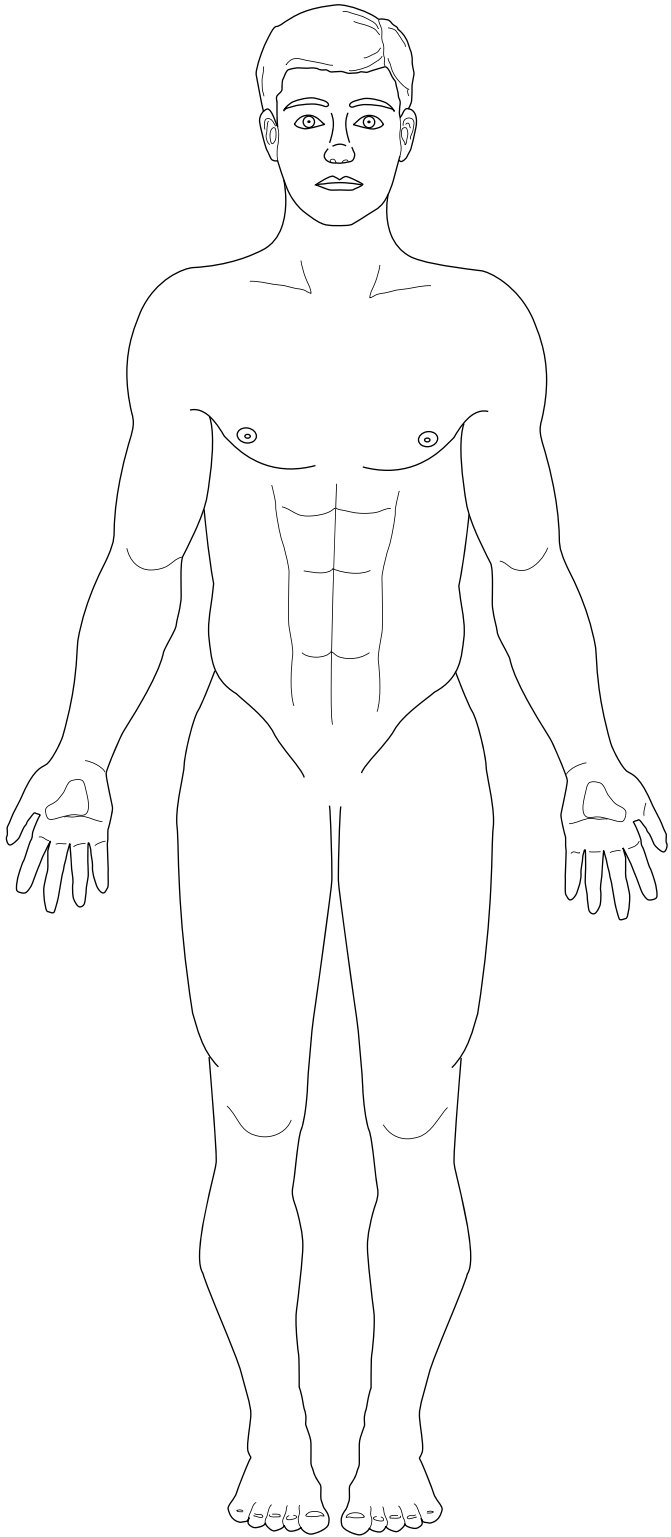
Front
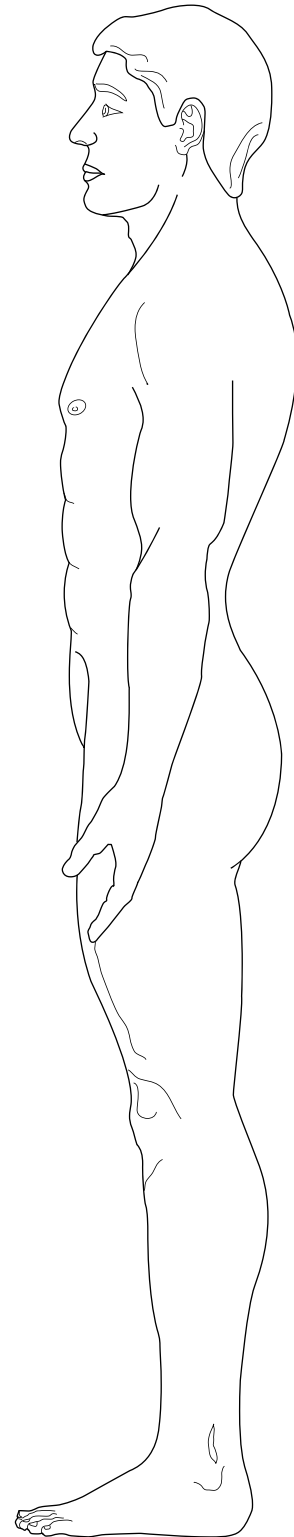
Left Side

Male External Characteristics Body Diagram

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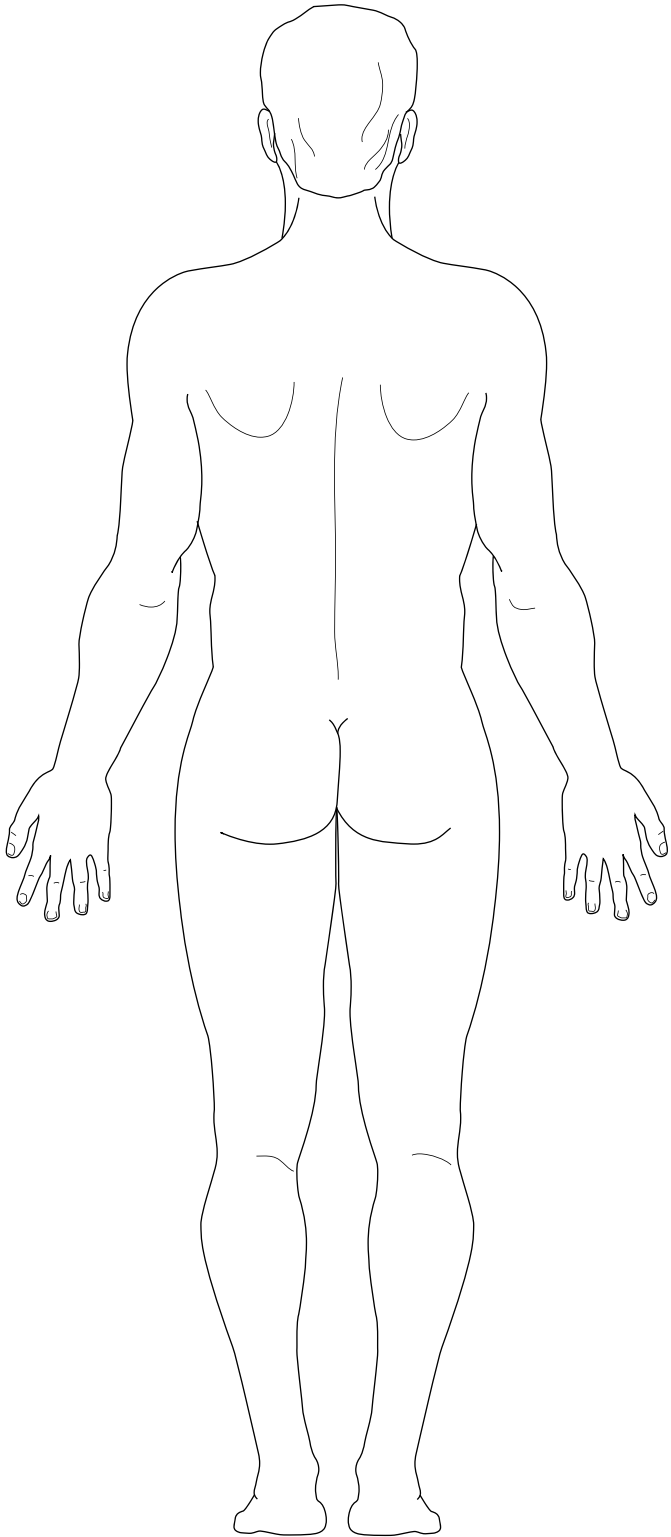
Back
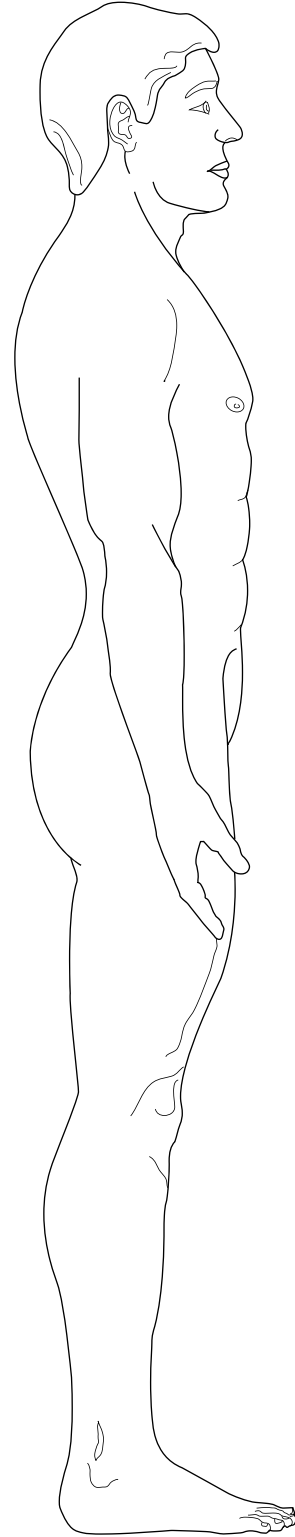
Right Side

Female External Characteristics Body Diagram

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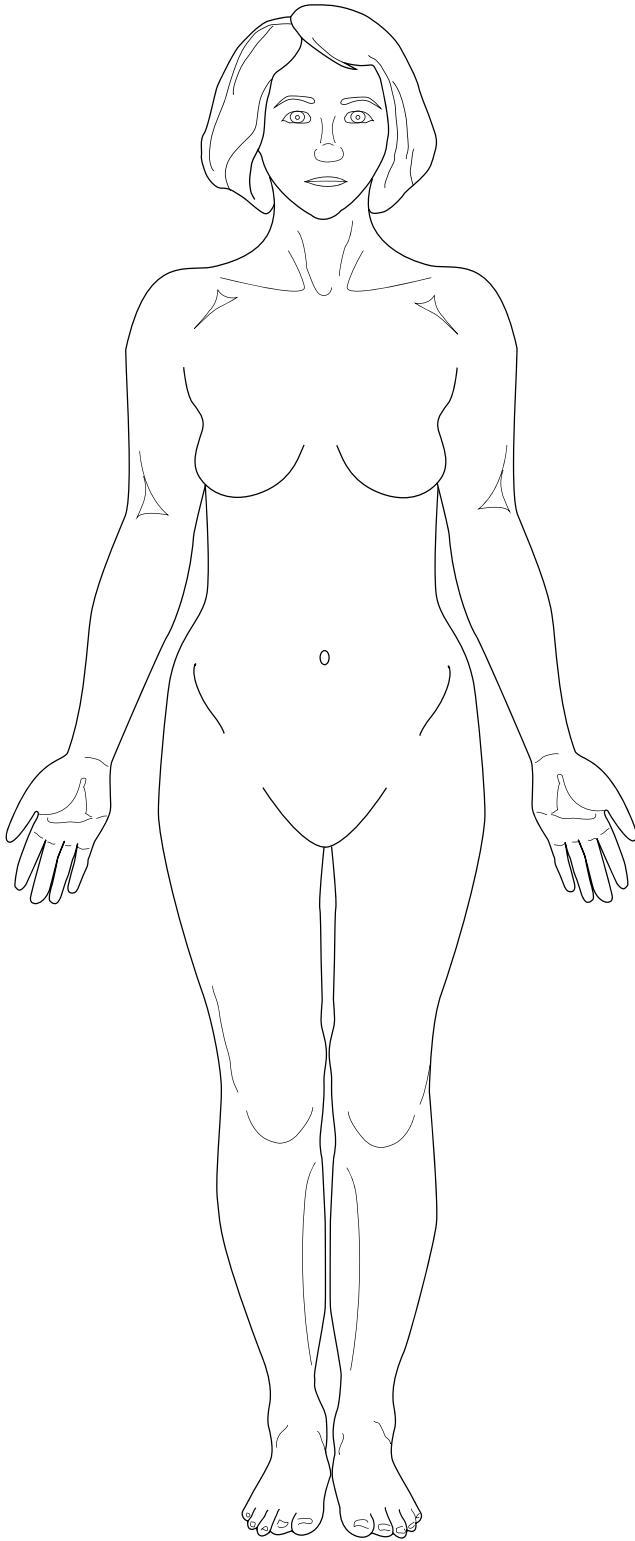
Front

Left Side

Female External Characteristics Body Diagram

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

Back   **Right Side**

Internal Characteristics Coding Sheet

This sheet may be used by the next of kin or physician to list or describe additional characteristics that may not be readily visible, such as surgical procedures and missing organs. Information documented on this sheet should be coded by the NCIC operator and added to the missing person record.

_____

_____

_____

_____

_____

_____

_____

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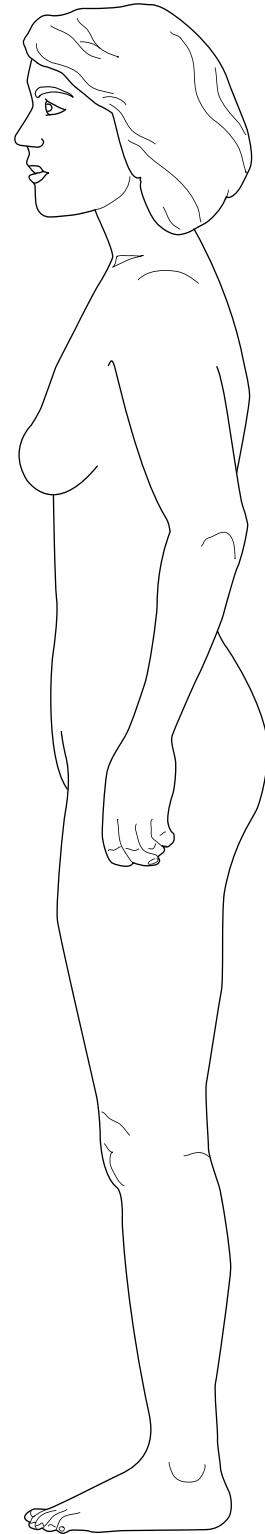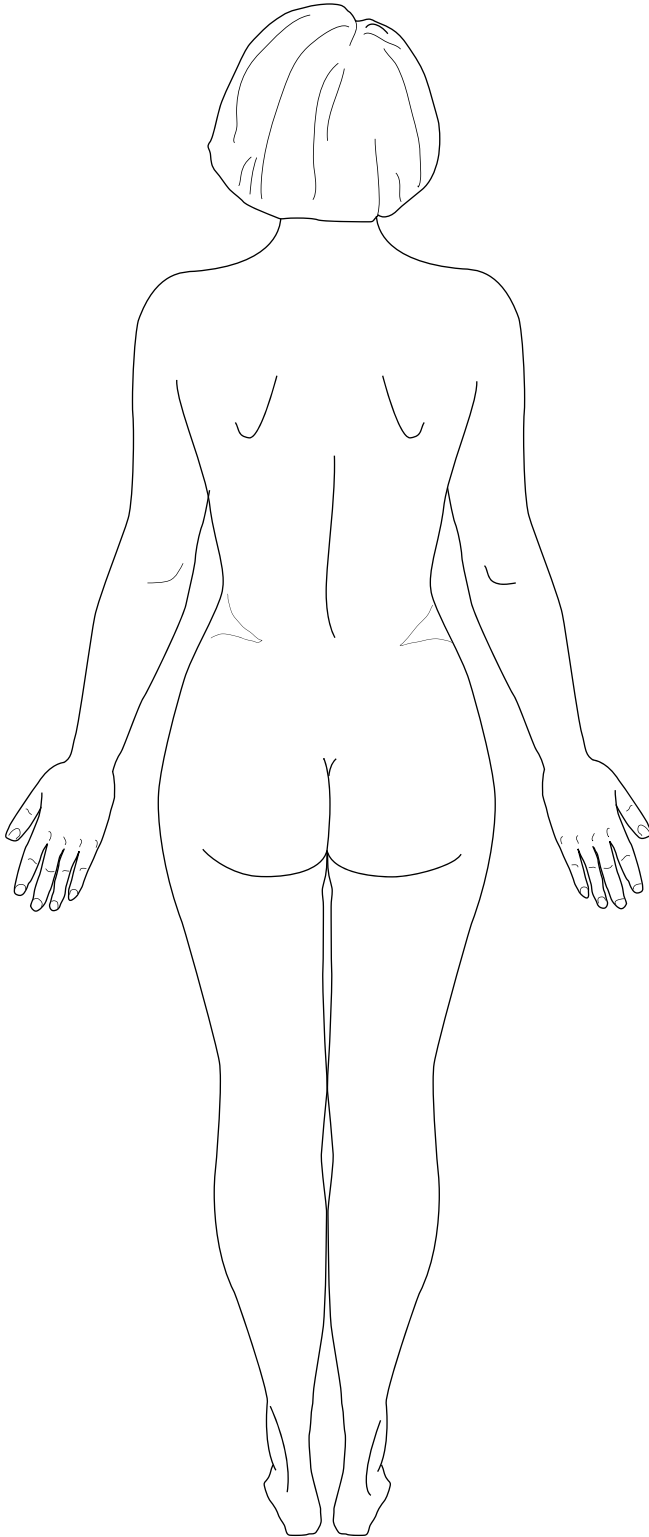
Images

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

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:

_____

_____

_____

_____

_____

_____

NCIC Missing Person Dental Report

SECTION 1

Patient's Name: _____ Age at Disappearance: _____ NCIC #: _____

Completed by: _____ Date Completed: _____

Address: _____

Telephone #: _____ Email Address: _____

X-Rays Available? ☐ Yes ☐ No   Dental Models Available? ☐ Yes ☐ No   Dental Photographs Available? ☐ Yes ☐ No

SECTION 2   *DENTAL CHARACTERISTICS*

Upper Right
01 (18)_____
02 (17)_____
03 (16)_____
04 (15)_____(A)
05 (14)_____(B)
06 (13)_____(C)
07 (12)_____(D)
08 (11)_____(E)

Upper Left
09 (21)_____(F)
10 (22)_____(G)
11 (23)_____(H)
12 (24)_____(I)
13 (25)_____(J)
14 (26)_____
15 (27)_____
16 (28)_____

(Numbers in parentheses

represent FDI System.)

(Letters in parentheses

represent deciduous

dentition.)

Lower Right
32 (48)_____
31 (47)_____
30 (46)_____
29 (45)_____(T)
28 (44)_____(S)
27 (43)_____(R)
26 (42)_____(Q)
25 (41)_____(P)

Lower Left
24 (31)_____(O)
23 (32)_____(N)
22 (33)_____(M)
21 (34)_____(L)
20 (35)_____(K)
19 (36)_____
18 (37)_____
17 (38)_____

SECTION 3   *DENTAL CODES*

X = Tooth has been removed or did not develop   **F** = Facial or Buccal Surface Restored

V = Tooth is unrestored or no information (Default Code)   **L** = Lingual Surface Restored

M = Mesial Surface Restored   **C** = Lab Processed or Prefabricated Restoration

O = Occlusal/Incisal Surface Restored   **R** = Endodontic Treatment

D = Distal Surface Restored   **/** = Tooth present but clinical crown missing (i.e., fractured)*

(*The codes V and / are used differently in the Missing Person Dental Report than in the Unidentified Person Dental Report.)

SECTION 4   *DENTAL REMARKS*

☐ **ALL** (All 32 teeth are present and unrestored)   ☐ **UNK** (No dental information available)

_____

_____

_____

_____

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). **Note: This code is used differently when coding dental characteristics for Unidentified Persons.**

/   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. **Note: This code is used differently when coding dental characteristics for Unidentified Persons.**

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
No Records Regarding the Condition of Some Teeth	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.	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: 01V 32V 06V 27V 07V 26V 08V 25V 09V 24V 10V 23V 11V 22V 16V 17V
Multiple Restorations on One Tooth Surface	Only **one** surface code is entered for a particular surface on a specific tooth regardless of the number of restorations on that particular surface.	Tooth #28 has two occlusal pit restorations, the appropriate code entry: **28O**.
Deciduous Teeth	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. **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.** When in doubt, use the default V code.	#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: **29MOD** #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: **29V** #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: **29MOD**

Common Coding Rules and Interpretation Issues with Examples

Issue	Description	Example
Fixed Dental Bridge	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: **07MODFLC** **08X** **09MODFLC**
Dental Implant	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 - **08X** Dental Report, Section 4 - **Implant 08**
Removable Dentures	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.	**"Complete Maxillary Denture",** **"Complete Mandibular Denture",** **"Partial Maxillary Denture",** and/or **"Partial Mandibular Denture."**

Overdenture Teeth	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 **X**
		         06MODFLCR
		         11MODFLCR
		Section 4 - **Complete Maxillary Denture, Overdenture 06, Overdenture 11**

Orthodontic Appliances (Active and Passive)	All teeth are coded for their dental characteristics and a notation should be made in Section 4 of the dental report	Section 4 - **"Orthodontic Appliance"**
Pit and Fissure Sealants	Pit and fissure sealants are not considered restorations for the purposes of NCIC coding.	All teeth that have pit and fissure sealants are coded **V**.

Common Coding Rules and Interpretation Issues with Examples

Issue	Description	Example
Facial or Lingual Restoration	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 **V**. 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: **19V** #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: **14O**
Missing Premolars (Bicuspids)	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, **if it is impossible to determine** which premolars were extracted, the appropriate code is **V**.	**If it is impossible to determine** which premolars were extracted, the appropriate code is **V**.
Anterior Composite Restoration	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: **08M**
Extent of Large Restorations	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 **only** 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: **19MOD**

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

AMBER Alert Submission Form Runaway Intake Report Form Family Abduction Intake Report Form Missing Vulnerable Adult Intake Report Form

Reminder:

The Missing Child Alert, Missing College Student Alert and Missing Vulnerable Adult Alert or non-alert assistance can be requested via the eJustice Integrate Justice Portal (IJ Portal) system in the missing person record modify screen.

AMBER ALERT SUBMISSION FORM
URGENT- FOR IMMEDIATE ACTION- URGENT
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 AND 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 [＿]

7/2012

Runaway Intake Report

Print Form

Complete the form, save it on your PC and then attach it to an email and send to: missingpersons@dcjs.ny.gov or fax to 518-457-6965.

Parent or Guardian Information

Last Name _____ First Name _____ Relationship _____

Street Address _____ City _____

State/Zip Code _____ County/Country _____ Home Phone _____

Work Phone _____ Cell Phone _____ Email _____

Missing Child Information

Last Name _____ First Name _____ MI: ___ DOB _____

Mother's Maiden Name _____ Fingerprints Available _____ Cell Phone _____

Email _____ Social Media _____

Where Last Seen _____ Date _____ Time _____

Circumstances which occurred prior to and at the time disappearance. If known, include the motivation for running away. _____

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.) _____

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

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

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

Drug, alcohol or other chemical dependencies the child may have. _____

Child's general interests (i.e., in or outside of school, sports, online, etc) _____

Medical Problems/ Medications Utilized _____   Describe the child's personality (i.e., friendly, outgoing, withdrawn, shy.) _____

Regional or foreign accent or language other than English

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

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.

Companion Information

Last Name   First Name   MI: DOB

Street Address   City

State/Zip Code   County/Country   Sex   Alias/Nickname

Race   Height   Weight   Eyes   Hair

Social Security #   Occupation   Employer

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

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

Home Phone   Work Phone   Cell Phone

Email   Social Media

Where Last Seen   Date   Time

Additional Narrative Information

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

NYS Division of Criminal Justice Service - Missing Persons Clearinghouse
80 South Swan Street, Albany, NY 12210
1-800-346-3543
518-457-6965 FAX
missingpersons@dcjs.ny.gov
www.criminaljustice.ny.gov

9/2014

NYS DIVISION OF CRIMINAL JUSTICE SERVICES
MISSING PERSONS
CLEARINGHOUSE

Family Abduction Intake Report

[Print Form]

Complete the form, save it on your PC and then attach it to an email and send to: missingpersons@dcjs.ny.gov or fax to 518-457-6965.

Parent or Guardian Information

Last Name [ ] First Name [ ] Relationship [ ]

Street Address [ ] City [ ]

State/Zip Code [ ] County/Country [ ] Home Phone [ ]

Work Phone [ ] Cell Phone [ ] Email [ ]

Missing Child Information

Last Name [ ] First Name [ ] MI [ ] DOB [ ]

Mother's Maiden Name [ ] Fingerprints Available [ ] Cell Phone [ ]

Email [ ] Social Media [ ]

Medical Problems/Medications Utilized [ ]

Child's general interests (i.e., in or outside of school, sports, online, etc) [ ]

Child's personality (i.e., friendly, outgoing, withdrawn, shy) [ ]

Regional or foreign accent or language other than English [ ]

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

Last Name [ ] First Name [ ] Middle Name [ ]

Street Address [ ] City [ ]

State/Zip Code [ ] County/Country [ ] Sex [ ] Alias/Nickname [ ]

Race [ ] Height [ ] Weight [ ] Hair [ ] Eyes [ ]

Social Security # [ ] DOB [ ] Age [ ] Occupation [ ]

Employer [ ] Home Phone [ ] Work Phone [ ]

Cell Phone [ ] Email [ ] Social Media [ ]

Physical Characteristics (Scars/Marks/Tattoo/Piercings) [ ]

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

Where Last Seen [ ] Date [ ] Time [ ]

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 abductor 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 or step-children) may be with the abductor and missing child? ☐ Yes ☐ No

If yes, identify all by name and provide as much information as possible (i.e., ages, physical descriptions, occupations)

Abductor's general interest

Regional or foreign accent or language other than English

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

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

Abductor's prior encounters with law enforcement and the courts (circumstances, locations and approximate dates)

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

Legal Information Arrest Warrant Issued For _____ Charge(s) _____

Court Name _____ Docket # _____

Custody Decree ☐ Yes ☐ No Court Name _____ Docket # _____

Additional Narrative Information

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

NYS Division of Criminal Justice Service - Missing Persons Clearinghouse
80 South Swan Street, Albany, NY 12210
1-800-346-3543
518-457-6965 FAX
missingpersons@dcjs.ny.gov
www.criminaljustice.ny.gov

9-2014

Missing Vulnerable Adult Intake Report

Print Form

Complete the form, save it on your PC and then attach it to an email and send to: missingpersons@dcjs.ny.gov. or fax to 518-457-6965.

Caregiver Information   ☐ Daughter ☐ Son ☐ Mother ☐ Father ☐ Other   Specify _____

Last Name _____   First Name _____

Street Address _____   City _____

State/Zip Code _____   County/Country _____   Home Phone _____

Work Phone _____   Cell Phone _____   Email _____

Missing Adult Information   ☐ Female ☐ Male

Last Name _____   First Name _____   MI: ____   DOB _____

Street Address _____   City _____

State/Zip Code _____   County/Country _____   Home Phone _____

Work Phone _____   Cell Phone _____   Maiden Name _____

Cognitive Impairment   ☐ Alzheimer's Disease ☐ Autism ☐ Bipolar Disorder ☐ Dementia ☐ Down Syndrome

☐ Schizophrenia   ☐ Other   Specify _____

Alias/Nickname: _____   Place of Birth _____   Social Security # _____

Email _____   Social Media _____

Where Last Seen _____   Date _____   Time _____

Employment Information   ☐ Previous ☐ Current

Employer _____   Employer Address _____

Employer Phone _____   Occupation _____

Investigating Law Enforcement Agency Information

Investigating Police Agency _____   Agency Address _____

Investigating Officer's Name _____   Telephone _____   Fax _____

Cell Phone _____   Agency Case # _____   Report Date _____   Other: _____

Other Information

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) _____

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

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

Adult's prior encounters with law enforcement and/or the courts (circumstances, locations and approximate dates)

Drug, alcohol or other chemical dependencies

Interests (associations, clubs etc)

Personality, also history of suicidal or aggressive behavior

Regional or foreign accent or language other than English

Additional Narrative Information

9/2014