

ILLINOIS STATE POLICE

Missing Person Report

Date of Report _____

Message (MKE) Key	Name (NAM)	Race (RAC) <input type="checkbox"/> Asian or Pacific Islander (A) <input type="checkbox"/> Unknown (U) <input type="checkbox"/> Black (B) <input type="checkbox"/> White (W) <input type="checkbox"/> American Indian/Alaskan Native (I)		
Place of Birth (POB)		Date of Birth (DOB)	Date of Emancipation (DOE)	Sex (SEX) <input type="checkbox"/> Male (M) <input type="checkbox"/> Female (F)
Eye Color (EYE) <input type="checkbox"/> Black (BLK) <input type="checkbox"/> Brown (BRO) <input type="checkbox"/> Green (GRN) <input type="checkbox"/> Maroon (MAR) <input type="checkbox"/> Pink (PNK) <input type="checkbox"/> Blue (BLU) <input type="checkbox"/> Gray (GRY) <input type="checkbox"/> Hazel (HAZ) <input type="checkbox"/> Multicolored (MUL) <input type="checkbox"/> Unknown (XXX)		Weight (WGT)		Height (HGT)
Hair Color (HAI) <input type="checkbox"/> Blonde/Strawberry (BLN) <input type="checkbox"/> Sandy (SDY) <input type="checkbox"/> Black (BLK) <input type="checkbox"/> Gray/Partially Gray (GRY) <input type="checkbox"/> White (WHI) <input type="checkbox"/> Brown (BRO) <input type="checkbox"/> Red/Auburn (RED) <input type="checkbox"/> Unknown (XXX)		Hair Description (MIS) <input type="checkbox"/> Wavy <input type="checkbox"/> Straight <input type="checkbox"/> Curly <input type="checkbox"/> Teased		Hair Style (MIS)
Scars, marks, tattoos and other characteristics (see check list) (SMT)				
Skin Tone (SKN) <input type="checkbox"/> Black (BLK) <input type="checkbox"/> Dk Brown (DBR) <input type="checkbox"/> Light (LGT) <input type="checkbox"/> Medium (MED) <input type="checkbox"/> Olive (OLV) <input type="checkbox"/> Sallow (SAL) <input type="checkbox"/> Albino (ALB) <input type="checkbox"/> Dark (DRK) <input type="checkbox"/> Fair (FAR) <input type="checkbox"/> Lt Brown (LBR) <input type="checkbox"/> Med Brown (MBR) <input type="checkbox"/> Ruddy (RUD) <input type="checkbox"/> Yellow (YEL)				
Has the person ever been fingerprinted? By whom? <input type="checkbox"/> No <input type="checkbox"/> Yes		Fingerprint Classification (FPC)		Other Identifying Numbers (MNU)
Social Security Number (SOC)	Driver's License # (DLN)	Driver's Lic State (DLS)	Driver's Lic (DLY) Year of Expiration	Date of Last Contact (DLC)
Originating Agency Case # (OCA)	Blood Type (BLT) <input type="checkbox"/> A Positive (APOS) <input type="checkbox"/> B Positive (BPOS) <input type="checkbox"/> AB Positive (ABPOS) <input type="checkbox"/> O Positive (OPOS) <input type="checkbox"/> A Negative (ANEG) <input type="checkbox"/> B Negative (BNEG) <input type="checkbox"/> AB Negative (ABNEG) <input type="checkbox"/> O Negative (ONEG) <input type="checkbox"/> A Unknown (AUNK) <input type="checkbox"/> B Unknown (BUNK) <input type="checkbox"/> AB Unknown (ABUNK) <input type="checkbox"/> O Unknown (OUNK)			Has missing person ever donated blood? <input type="checkbox"/> No <input type="checkbox"/> Yes Where?
Was the missing person (CRC) circumcised? <input type="checkbox"/> Unknown <input type="checkbox"/> Was circumcised (C) <input type="checkbox"/> Was not circumcised (N)	Are footprints available? <input type="checkbox"/> Yes (Y) <input type="checkbox"/> No (N)	Are body x-rays (BXR) available? <input type="checkbox"/> Full (F) <input type="checkbox"/> Partial (P) <input type="checkbox"/> None (N)	Handedness (MIS) <input type="checkbox"/> Left <input type="checkbox"/> Right	Build (MIS) <input type="checkbox"/> Very Thin <input type="checkbox"/> Muscular <input type="checkbox"/> Thin <input type="checkbox"/> Heavy/Stocky <input type="checkbox"/> Medium <input type="checkbox"/> Obese
Does the missing person have corrected vision? <input type="checkbox"/> Glasses <input type="checkbox"/> Contacts	Corrective vision prescription (VRX)		Type of contact lenses and color (MIS) <input type="checkbox"/> Clear <input type="checkbox"/> Blue <input type="checkbox"/> Gray <input type="checkbox"/> Hard <input type="checkbox"/> Longwear <input type="checkbox"/> Soft <input type="checkbox"/> Semi <input type="checkbox"/> Green <input type="checkbox"/> Brown <input type="checkbox"/> Other	
Jewelry Type see check list (JWT)			Jewelry Description (JWL)	

Please indicate on the list below those items which the missing person was last seen wearing. Include style, type, size, color, condition, labels, or laundry markings.

Item	Style/Type	Size	Color	Markings
Head Gear				
Scarf/Tie/Gloves				
Coat/Jacket/Vest				
Sweater				
Shirt/Blouse				
Pants/Skirt				
Belt/Suspenders				
Socks				
Footwear				
Underwear				
Bra/Girdle/Slip				
Stockings/Pantyhose				
Wallet/Purse				
Money				

Any other miscellaneous information (MIS)				
LICENSE PLATE AND VEHICLE INFORMATION				
License Plate Number (LIC)		State (LIS)	Year Expires (LIY)	License Plate Type (LIT)
Vehicle Identification # (VIN)	Year (VYR)	Make (VMA)	Model (VMO)	Style (VST) Color (VCO)
Aliases				
Reporting Agency			Reporting Officer	
Complainant's Name		Complainant's Address		Complainant's Telephone
Relationship of Complainant to Missing Person		Missing Person's Address		Missing Person's Occupation
NCIC # (NIC)	Places Missing Person frequented			
Close friends/relatives			Possible destination	
Complainant's signature				Date

Attach current photo, if available

If additional space is needed, attach additional sheets

All dental information should be recorded on the dental report and entered as a supplemental record.