



MISSING PERSON REPORT

Pursuant to Penal Code §13519.07(d)

<input type="checkbox"/> Adult	<input type="checkbox"/> Child	Date and Time of Report:	Date and Time of Last Contact:	Report Number:	
Report Type: <input type="checkbox"/> Runaway <input type="checkbox"/> Voluntary Missing Adult <input type="checkbox"/> Parental/Family Abduction <input type="checkbox"/> Dependent Adult <input type="checkbox"/> Unknown Circumstances <input type="checkbox"/> Stranger Abduction <input type="checkbox"/> Suspicious Circumstances <input type="checkbox"/> Catastrophe <input type="checkbox"/> Lost					
Category: <input type="checkbox"/> Prior Missing <input type="checkbox"/> Sexual Exploitation <input type="checkbox"/> Urgent Case <input type="checkbox"/> Silver Alert <input type="checkbox"/> Abducted During a Crime <input type="checkbox"/> Amber Alert <input type="checkbox"/> At Risk <input type="checkbox"/> Endangered Missing Advisory					
Name (Last, First, Middle):		Sex: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> UNK		Race:	
Alias/Moniker/Nickname:		DOB/Age:	Height:	Weight:	
Eye Color:	Facial Hair:	Corrective Lenses: <input type="checkbox"/> Glasses <input type="checkbox"/> Contacts	Hair Color/Style:		
Scars/Marks/Tattoos:		Cell Phone Number:			
Residence Address, City, State, Zip Code:		Residence Phone Number:			
Business Address, City, State, Zip Code:		Business Phone Number:			
FBI Number:	Local Reference Number:	CII Number:	Social Security Number:	Driver's License/ID Number:	
				State:	
Email Address:		Probation/Parole/Social Worker Name & Phone:			
Clothing:		Social Networking Site(s) and Screen Name(s):			
Alcohol, Drug, Mental Health, or Medical Condition(s):		Jewelry:			
Last Known Location/Activity (Description or Address, City, State, Zip Code):		Possible Destination (Description or Address, City, State, Zip Code):			
Known Associates and Lifestyle:					
X-rays Available: Dental: <input type="checkbox"/> Y <input type="checkbox"/> N Skeletal: <input type="checkbox"/> Y <input type="checkbox"/> N	Visible Dental Work: <input type="checkbox"/> Y <input type="checkbox"/> N If yes, describe:	Dentures: <input type="checkbox"/> Upper <input type="checkbox"/> Full <input type="checkbox"/> Lower <input type="checkbox"/> Partial	Braces: <input type="checkbox"/> Upper <input type="checkbox"/> Lower	Dentist Name, Address, Phone Number:	
Photo Available: <input type="checkbox"/> Y <input type="checkbox"/> N	Age in Photo:	Fingerprints: <input type="checkbox"/> Y <input type="checkbox"/> N	Broken Bones / Missing Organs: If Yes, Describe: <input type="checkbox"/> Y <input type="checkbox"/> N	Medical Provider Name, Address, Phone Number:	
Registered Owner: <input type="checkbox"/> Missing Person <input type="checkbox"/> Suspect		Color(s):	Make:	Model:	
Describe:	Body Style:	Veh. Year:	VIN:		
License Number:	State/Province/Country:	Reg. Year:	Operator: <input type="checkbox"/> Missing Person <input type="checkbox"/> Suspect <input type="checkbox"/> Other	Damage to Vehicle:	
Describe:					
Operator: <input type="checkbox"/> Missing Person <input type="checkbox"/> Suspect <input type="checkbox"/> Other		Registered Owner: <input type="checkbox"/> Missing Person <input type="checkbox"/> Suspect <input type="checkbox"/> Other	Damage to Boat:		
Describe:					
Boat Year:	Make:	Model:	Body Style:	Color(s):	
Hull Number:	State/Province/Country:	Reg. Expiration:			
Name (Last, First, Middle):		Relationship to Missing:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> UNK	Race:	
DOB/Age:		Address, City, State, Zip Code:	Phone Number:	E-Mail Address:	
Scars/Marks/Tattoos:		Clothing:			
Name (Last, First, Middle):		Relationship to Missing:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> UNK	Race:	
DOB/Age:		Address, City, State, Zip Code:	Phone Number:	E-Mail Address:	
FCN Number:		NIC Number			
		M			

Missing Person Information

Vehicle Info.

Boat Info.

Suspect Info.

Reporting



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Missing Person's Name (Last, First, Middle):	DOB/Age:	Report Number:
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Narrative:

Reporting Officer:	ID/Badge #:	Date:	Investigating Agency Address and Phone Number:	Forward Copy of Report to: (per PC §14211(g)):
Approving Officer:	ID/Badge #:	Date:		Internally Route to:

Authorization to release photo, dental treatment notes, and skeletal x-rays per PC §14212:
I am a family member, next-of-kin, or law enforcement official investigating the disappearance of the missing person, and I hereby authorize the release of all dental or skeletal x-rays and treatment notes, photographs, physical description, and circumstances surrounding the disappearance to assist law enforcement agencies in locating the above named missing person. This information may be used by the Department of Justice for inclusion in bulletins and posters, which will be distributed throughout California and on the Internet, including the Attorney General's Web Site at <http://oag.ca.gov/> and the FBI's National Dental Image Repository, to assist law enforcement agencies in locating the missing person.

Yes No Initial _____

Authorization to release information to the National Missing and Unidentified Person System per PC §14209:
I am a family member, next-of-kin, or law enforcement official investigating the disappearance of the missing person and I hereby authorize the release of all dental or skeletal x-rays, photographs, physical description, and circumstances surrounding the disappearance to the National Missing and Unidentified Person System (NamUs) at <http://namus.gov/>.

Yes No Initial _____

Authorization to refer missing juveniles who are the victims of sexual exploitation/human trafficking to victim advocacy groups and resources:
I am the parent or legal guardian of a missing juvenile believed to be the victim of sexual exploitation/human trafficking. I hereby authorize the law enforcement official investigating the disappearance, the power/right to refer the above named missing juvenile to the victim advocacy group(s) and/or resource of their choice.

Yes No Initial _____

Name:	Signature:			Date:		
Relationship to Missing Person:	Address:	City:	State:	Zip Code:	Phone Number:	

Per Penal Code §14212, submit photographs, dental/skeletal x-rays, dental treatment notes, and fingerprints for entry into the Missing Person System at:
Department of Justice Missing & Unidentified Persons Section, P.O. Box 903387, Sacramento, CA 94203-3870, or via email at:
Missing.Persons@doj.ca.gov. For questions, please call the MUPS at (916) 210-3119.



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Privacy Notice

As Required by Civil Code § 1798.17

Collection and Use of Personal Information. The California Justice Information Services (CJIS) Division in the Department of Justice (DOJ) collects the information requested on this form as authorized by Penal Code sections 13519.07(d) and 14206. The CJIS Division uses this information to collect physical and medical reports on missing persons in order to assist law enforcement agencies (LEAs) in locating the missing person. In addition, any personal information collected by state agencies is subject to the limitations in the Information Practices Act and state policy. The DOJ's general privacy policy is available at <http://oag.ca.gov/privacy-policy>.

Providing Personal Information. Providing any personal information is voluntary.

Access to Your Information. You may review the records maintained by the CJIS Division in the DOJ that contain your personal information, as permitted by the Information Practices Act. See below for contact information.

Possible Disclosure of Personal Information. In order to assist LEAs in locating the missing person, we may need to share the information you give us with the Federal Bureau of Investigation's National Dental Image Repository and the public for inclusion in bulletins and posters to be distributed throughout California, nationally, the Internet, and the Attorney General's Web Site at <http://oag.ca.gov>.

The information you provide may also be disclosed in the following circumstances:

- With other persons or agencies where necessary to perform their legal duties, and their use of your information is compatible and complies with state law, such as for investigations or for licensing, certification, or regulatory purposes;
- To another government agency as required by state or federal law.

Contact Information. For questions about this notice or access to your records, you may contact the program manager in the DOJ's Missing Persons Section by phone at (916) 210-3119, by email at missing.persons@doj.ca.gov, or by mail at:

California Department of Justice
Missing Persons Section
P.O. Box 903387
Sacramento, CA 94203