

CARROLLTON POLICE DEPARTMENT

HIGH RISK MISSING PERSONS REPORT

HRMP REPORT #: _____

PERSON PROVIDING INFORMATION: _____

PHONE #: Home _____ Work _____ Cell _____

EMAIL: _____

REGISTRANT NAME: _____
LAST FIRST MIDDLE

ALIASES / NICKNAMES: _____

ADDRESS: _____
STREET
CITY STATE ZIP

PHONE #: HOME _____ WORK _____
CELL _____ CELL SERVICE PROVIDER: _____

EMAIL: _____

SOCIAL MEDIA: FACEBOOK YES () NO ()
IF YES, USER NAME: _____

TWITTER YES () NO ()
IF YES, USER NAME: _____

OTHER _____

RACE () WHITE () BLACK () HISPANIC () INDIAN () ASIAN

SEX () MALE () FEMALE

HEIGHT _____ FEET _____ INCHES WEIGHT _____ LBS

DOB: _____ - _____ - _____ AGE: _____

SOCIAL SECURITY NUMBER: _____

OPERATORS LICENSE NUMBER: _____ STATE: _____

HAIR COLOR: () BLACK () BROWN () BLOND () GRAY
() WHITE () RED () BALD

HAIR LENGTH: () ABOVE EAR () COVERS EARS () COLLAR
() SHOULDER () BELOW SHOULDER

FACIAL HAIR: () NONE () UNSHAVEN () BEARD () GOATEE
() MUSTACHE () SIDEBURNS

EYE COLOR: () BLACK () BROWN () BLUE () GRAY
() MAROON () GREEN () HAZEL () UNKNOWN

COMPLEXION: () FAIR () MEDIUM () DARK

TEETH: () PROTUDING () CHIPPED () GAPS () DECAYED
() GOLD CAPPED () STRAIGHT

SCARS OR BIRTHMARKS: _____

TATTOOS:

ARTIFICIAL PARTS: () EYEGLASSES () CONTACTS () DENTURES
() HEARING AID
() PROSTHESIS: _____

FORMER EMPLOYERS:

CHURCHES:

OTHER FAMILIAR PLACES:

VEHICLE INFORMATION

DOES THE PARTICIPANT HAVE ACCESS TO A VEHICLE () YES () NO

IF YES: MAKE: _____ MODEL: _____ YEAR: _____

COLOR: _____

VEHICLE REGISTRATION PLATE NUMBER: _____ STATE: _____

MAKE: _____ MODEL: _____ YEAR: _____

COLOR: _____

VEHICLE REGISTRATION PLATE NUMBER: _____ STATE: _____

MAKE: _____ MODEL: _____ YEAR: _____

COLOR: _____

VEHICLE REGISTRATION PLATE NUMBER: _____ STATE: _____

DOES THE PARTICIPANT WEAR / CARRY A TRACKING DEVICE

() YES () NO

IF YES, HOW ARE THE TRACKING MEASURES INITIATED

THE FOLLOWING QUESTIONS ARE TO REMAIN BLANK AND BE FILLED OUT WHEN
A PARTICIPANT GOES MISSING.

DATE REPORTED: _____ TIME REPORTED: _____

DATE LAST SEEN: _____ TIME LAST SEEN: _____

LOCATION LAST SEEN: _____

WAS THE PERSON SEEN WITH ANYBODY () YES () NO

IF YES, IS THE PERSON KNOWN: _____

PRESENT MEDICAL OR MENTAL STATE: _____

CURRENT MEDICATIONS AND LAST DOSE: _____

CLOTHING
(LAST SEEN WEARING)

SHIRT: _____

PANTS: _____

SHOES: _____

JACKET: _____

HAT: _____

GLOVES: _____

ANY ADDITIONAL CLOTHING TAKEN () YES () NO
IF LIST, PROVIDE DETAILS: _____

CHILDS FAVORITE CHARACTER: _____
DOES THE CHILD KNOW, PARENTS NAMES () YES () NO
HOME ADDRESS () YES () NO
PHONE NUMBER () YES () NO

OTHER CONTACT INFORMATION:

NAME: _____ ADDRESS: _____
PHONE NUMBER: _____

NAME: _____ ADDRESS: _____
PHONE NUMBER: _____

NAME: _____ ADDRESS: _____
PHONE NUMBER: _____

NAME: _____ ADDRESS: _____
PHONE NUMBER: _____

ADDITIONAL INFORMATION FOR JUVENILES ONLY

PRESENT OR LAST SCHOOL ATTENDED: _____

PREVIOUS SCHOOLS ATTENDED: _____

BIRTH INFORMATION AS IT APPEARS ON BIRTH RECORD:

MOTHERS MAIDEN NAME: _____
FIRST MIDDLE LAST

CHILDS COUNTY OF BIRTH: _____ STATE: _____

