





## **Missing Person Case Summary**

Form Completed By:		Date Form Completed:				
Case Status: Investigating Agency's Case S	Status (select one)	: □ Open-Active	□ Open-Inactive	☐ Closed		
Case Status Date:						
If closed, briefly explain how the case was r	resolved:					
Case Numbers:						
Investigating Agency's Case Number(s):						
State Agency's Case Number(s), if applicable	ole:					
Name:						
First Middle		_ Last	Sut	fix		
Alias Name(s):						
First Middle		_ Last	Sut	fix		
First Middle						
Sex: (select one): ☐ Male ☐ Female	e □ Unknown	□ Other (specify	v)			
Race/Appearance:						
Age, Height, Weight:						
Date(s) of Birth (mm/dd/yyyy):						
Age (or best estimate) at time of incident: _			to			
Height (or best estimate):	_ to	Weight (or bes	t estimate):	to		
Physical Descriptors and Medical Inform	nation:					
Hair Color:	Hair Length:		Eye Color:			
Facial Hair (if applicable):						
Scars/Marks/Tattoos/Piercings and location						
Medical Hardware/Serial Number(s):						
Known Surgeries/Implants:						
Phone Number (if known):						
Missing Person's Residence (if known):						
Street Address:						
City:						
State/Province:						
District/Division/Beat:						

Identification Numbers:									
Social Security Number(s):	FBI Number:								
State ID Number(s):									
NCIC Number:		Nan	NamUs Number:						
ViCAP Number:		NCI	MEC Number:						
City/County ID Number(s):									
Driver's License State(s)/Numb	er(s):								
Dental Records/X-Rays Availa	able: □ Yes	□ No							
If yes, list databases/systems th	ney were submit	tted to:							
Date Dental Records were Exa	mined:								
Name of Forensic Odontologist	/Medical Profes	sional:							
Fingerprints Collected: ☐ Ye	es □ No								
If yes, list databases/systems th	ney were submit	tted to and date	:						
DNA Collected: ☐ Yes ☐ N	lo								
If yes, mark the appropriate DN	A Profile below:	:							
☐ Complete STR ☐ Pa	rtial STR	☐ Y-STR	□ mtDNA	□ Pending	□ Unknown				
List databases/systems the DN	A Profile was su	ubmitted to and	date:						
Lab that Uploaded the DNA into									
Sample Type Used to Develop	DNA Profile (i.e	. bone, teeth, tis	ssue, blood):						
Clothing, Jewelry, and Posse possession of person (include s	sizes, colors, bra	ands, etc.). Plea	se append photos	s to this form if avai	ilable.				
Marital Status:									
Employment/School (include g	grade):								
Group Affiliation/Social Media	a Presence (inc	clude screen na	mes):						
Was the missing person a mem	ber of, or assoc	ciated with, any	group, organizatio	on, or social media	platforms?				
Vehicle Information (if applica License Plate Number:	ble and/or availa	able): License Pla	te State/Province						
Vehicle Year (or estimated range	<i>ge)</i> : to	Vehicle I	dentification Num	ber (VIN):					

Vehicle Make:		Vehicle Model:	Vehicle	_ Vehicle Color:	
Address/Location t	he Individual W	ent Missing From:			
Street Address:					
City:	County:	State/Province: _	Zip Code:	Country:	
District/Division/Beat:			Date Individual Went Missing:		
Circumstances of Mi	ssing Event:		_		
Endangerments:					
☐ Multiple Missing E	vents	□ Drug Abuse	☐ Crim	ninal History	
☐ Sex Trafficking		☐ Gang Involvement	□ Victi	□ Victim of Domestic Violence	
☐ Other (explain) _					
Additional Case Inf	ormation:				
		of this case. Include any details	s important for case sh	aring and comparison	
purposes.	,	•	•		
			_		

This document was produced by the Deceased Persons Identification (DPI) Services Best Practices Focus Group, formed to close the identification gap for unknown deceased individuals. This group includes subject matter experts from the FBI; federal, state, local, and tribal law enforcement agencies; medical examiners and coroners; the National Missing and Unidentified Persons System; the National Center for Missing and Exploited Children; the Black and Missing Foundation; the Doe Network; and The National Consortium of Justice Information and Statistics.

For more information, email <u>DPIServices@fbi.gov</u>.