



Missing Person Case Summary

Form Completed By: _____ Date Form Completed: _____

Case Status: Investigating Agency's Case Status (select one): Open-Active Open-Inactive Closed

Case Status Date: _____

If closed, briefly explain how the case was resolved:

Case Numbers:

Investigating Agency's Case Number(s): _____

State Agency's Case Number(s), if applicable: _____

Name:

First _____ Middle _____ Last _____ Suffix _____

Alias Name(s):

First _____ Middle _____ Last _____ Suffix _____

First _____ Middle _____ Last _____ Suffix _____

Sex: (select one): Male Female Unknown Other (specify) _____

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 best estimate): _____ to _____

Physical Descriptors and Medical Information:

Hair Color: _____ Hair Length: _____ Eye Color: _____

Facial Hair (if applicable): _____

Scars/Marks/Tattoos/Piercings and locations: _____

Medical Hardware/Serial Number(s): _____

Known Surgeries/Implants: _____

Phone Number (if known): _____

Missing Person's Residence (if known):

Street Address: _____

City: _____ County: _____

State/Province: _____ Zip Code: _____ Country: _____

District/Division/Beat: _____

Identification Numbers:

Social Security Number(s): _____ FBI Number: _____

State ID Number(s): _____

NCIC Number: _____ NamUs Number: _____

ViCAP Number: _____ NCMEC Number: _____

City/County ID Number(s): _____

Driver's License State(s)/Number(s): _____

Dental Records/X-Rays Available: Yes No

If yes, list databases/systems they were submitted to:

Date Dental Records were Examined: _____

Name of Forensic Odontologist/Medical Professional: _____

Fingerprints Collected: Yes No

If yes, list databases/systems they were submitted to and date:

DNA Collected: Yes No

If yes, mark the appropriate DNA Profile below:

Complete STR Partial STR Y-STR mtDNA Pending Unknown

List databases/systems the DNA Profile was submitted to and date: _____

Lab that Uploaded the DNA into CODIS: _____

Sample Type Used to Develop DNA Profile (*i.e. bone, teeth, tissue, blood*): _____

Clothing, Jewelry, and Possessions: Description of clothing, jewelry, glasses, and other items worn by or in possession of person (*include sizes, colors, brands, etc.*). Please append photos to this form if available.

Marital Status: _____

Employment/School (*include grade*): _____

Group Affiliation/Social Media Presence (*include screen names*):

Was the missing person a member of, or associated with, any group, organization, or social media platforms?

Vehicle Information (*if applicable and/or available*):

License Plate Number: _____ License Plate State/Province: _____

Vehicle Year (*or estimated range*): _____ to _____ Vehicle Identification Number (VIN): _____

