

## **INITIAL MISSING PERSON REPORT**

Informant							
Date:			Time:				
Full name:							
Address:							
Contact numbers now and in foreseeable future:							
Home Phone:			Business Ph	one:			
Cell Phone, otl	ner numbers:						
Relationship to missing person:							
Reason for reporting this person missing:							
Missing Person							
Full name:			Preferred name:				
Subject's primary language:							
Home address:							
Home Phone:			Business Phone:				
Cell Phone, otl	ner numbers:						
Occupation:							
Medical and mental condition:							
Doctor's name and details:							
Physical fitness:							
Description							
Age:	Race:	Gender: Bui	ld:	Height:	Hair Colour:		
General description, clothing worn and equipment carried							

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Description	continued						
Smoker: ☐ Yes ☐ No	Photo attached:  Yes No						
Footwear specific information:							
Circumstances							
Location missing from:							
Point last seen (PLS):							
Day/date last seen:	Time last seen:						
Last known point (LKP):							
Activity (what doing):							
Last seen by whom:							
Vehicle description, if driving:	Reg	no:					
Destination(s), stated intentions:							
Has this person been the subject of a search in the past: $\square$ Yes $\square$ No							
If so, describe date(s), circumstances of loss, how long							
condition when found and actions taken by subject whi	le missing (if known):						
Reliability:							
Kenabinty.							
Experience and knowledge of area:							
Actions taken by informant or others:							
Completed by (name):	D=4=10 · · ·						
Completed by (name):	Date/time:						
Signed:	Date/time:	1					

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