

VIRGINIA MISSING PERSON INFORMATION CLEARINGHOUSE REPORT

INVESTIGATING OFFICER				DATE REPORTED: _____				
				DATE ENTERED VCIN/NCIC: _____				
				VIC NO: _____				
PART 1								
*Agency Submitting Report:						*ORI No:		
*Last Name		*First Name		Middle Name		Suffix	*Sex	*Race
Place of Birth:				*Date of Birth:				
*Height:		*Weight:		*Eye Color		*Hair Color		
Ft.	In.	Lbs.	<input type="checkbox"/> Maroon	<input type="checkbox"/> Black	<input type="checkbox"/> Green	<input type="checkbox"/> Blue	<input type="checkbox"/> Black	
			<input type="checkbox"/> Gray	<input type="checkbox"/> Olive	<input type="checkbox"/> Hazel	<input type="checkbox"/> Brown	<input type="checkbox"/> Blond	
			<input type="checkbox"/> Multicolor	<input type="checkbox"/> Yellow	<input type="checkbox"/> Unknown	<input type="checkbox"/> Sandy	<input type="checkbox"/> White	
				<input type="checkbox"/> Dark Brown		<input type="checkbox"/> Red	<input type="checkbox"/> _____	
Complexion		<input type="checkbox"/> Fair/Light		<input type="checkbox"/> Black		Scars, Marks, Tattoos and Other Characteristics		
		<input type="checkbox"/> Albino		<input type="checkbox"/> Dark				
		<input type="checkbox"/> Ruddy		<input type="checkbox"/> Sallow				
		<input type="checkbox"/> Lt. Brown		<input type="checkbox"/> Med. Brown				
Fingerprint Classification:				Social Security Number:				
Operator's License Number			O.L. State		Date of Expiration		DNA <input type="checkbox"/> Yes <input type="checkbox"/> No	
							Location of DNA:	
*Date of Last Contact				*Originating Agency Case Number				
Fingerprints Available <input type="checkbox"/> Yes <input type="checkbox"/> No		Photo Available <input type="checkbox"/> Yes <input type="checkbox"/> No		Dental Records <input type="checkbox"/> Yes <input type="checkbox"/> No				
Location of the Fingerprints:		Photo Received <input type="checkbox"/> Yes <input type="checkbox"/> No		Location of the Dental Records:				
		Photo sent to the State Police <input type="checkbox"/> Yes <input type="checkbox"/> No						
Blood Type		Body X-Rays Available		Location of the X-Rays:				
		<input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> No						
Medication Required <input type="checkbox"/> Yes <input type="checkbox"/> No		Medication Type			Medical Condition <input type="checkbox"/> Yes <input type="checkbox"/> No			
					If Yes, what type:			
Last Name		First Name		Middle Name				
Person Who is Reporting Subject Missing:								
Address:				Contact Telephone:				
Telephone # of investigating agency (accessible 24 hours)						Authority for Release <input type="checkbox"/> Yes <input type="checkbox"/> No		
Area Code () -						(Part IV)		
Last Seen in Company of: NAME(S)						Sex	Race	
(1)								
(2)								
MISCELLANEOUS DATA (Information which may assist in identification: nickname, associates, direction of travel, hairstyle, clothing, etc.)								
VEHICLE INFORMATION								
License Plate Number		State	Year of Exp.	Lic. Type		VIN		
Vehicle Year	Make		Model		Style		Color	
Corrective Vision Prescription:								
Jewelry Type and Description:								

*** MANDATORY DATA ELEMENTS**

PART II

CHECK APPLICABLE CONDITION:

1. DISABILITY:

Person missing is under proven physical/mental disability or is senile thereby subjecting herself/himself or others to personal or immediate danger.

2. ENDANGERED:

Person missing under circumstances indicating his/her physical safety is in danger.

3. INVOLUNTARY:

Person missing under circumstances indicating the disappearance was not voluntary.

4. CATASTROPHE VICTIM

Person who missing after a catastrophe.

5. OTHER

A person 21 or older, not meeting the criteria for entry in any other category, who is missing and for whom there is a reasonable concern for his/her safety.

PART III

I certify the person described in Part I is missing and that the information I have furnished is true and correct to the best of my knowledge and belief.

Signature

Date

Relationship

PART IV

I authorize any law-enforcement official to use photographs and/or any other identifying information I have provided in any manner they deem necessary in attempting to locate the person I am reporting missing.

Signature

Date

Relationship

Virginia Missing Person Information Clearinghouse
Virginia State Police
Criminal Justice Information Services Division
P. O. Box 27472
Richmond, Virginia 23261-7472

***** IMPORTANT *****

PLEASE ATTACH A CURRENT PHOTOGRAPH OF THE MISSING PERSON TO THIS FORM