

VIRGINIA MISSING CHILDREN INFORMATION CLEARINGHOUSE REPORT

INVESTIGATING OFFICER:		Date/Time Reported To Law Enforcement: _____	
		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: *	Date of Emancipation if under 18 yoa**:
*Height: Ft. In.	*Weight Lbs.	*Eye Color: <input type="checkbox"/> Black <input type="checkbox"/> Blue <input type="checkbox"/> Maroon <input type="checkbox"/> Green <input type="checkbox"/> Brown <input type="checkbox"/> Gray <input type="checkbox"/> Hazel <input type="checkbox"/> Unknown <input type="checkbox"/> Multicolor <input type="checkbox"/> Pink	*Hair Color: <input type="checkbox"/> Black <input type="checkbox"/> Blond <input type="checkbox"/> White <input type="checkbox"/> Sandy <input type="checkbox"/> Brown <input type="checkbox"/> Gray <input type="checkbox"/> Red <input type="checkbox"/>
Complexion: <input type="checkbox"/> Fair/Light <input type="checkbox"/> Black <input type="checkbox"/> Medium <input type="checkbox"/> Albino <input type="checkbox"/> Dark <input type="checkbox"/> Olive <input type="checkbox"/> Ruddy <input type="checkbox"/> Sallow <input type="checkbox"/> Yellow <input type="checkbox"/> Lt. Brown <input type="checkbox"/> Med. Brown <input type="checkbox"/> Dark Brown	Scars, Marks, Tattoos, Piercings and Other Characteristics:		
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 Location of the Fingerprints:	*Photo Available: <input type="checkbox"/> Yes <input type="checkbox"/> No Photo Received: <input type="checkbox"/> Yes <input type="checkbox"/> No Photo sent to the State Police: <input type="checkbox"/> Yes <input type="checkbox"/> No	*Dental Records: <input type="checkbox"/> Yes <input type="checkbox"/> No Location of the Dental Records:	
Blood Type:	Circumcision: <input type="checkbox"/> C <input type="checkbox"/> N <input type="checkbox"/> U	Footprint Available: <input type="checkbox"/> Yes <input type="checkbox"/> No Location of the Footprints:	Body X-Rays Available: <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> No Location of the X-Rays:
*Medication Required: <input type="checkbox"/> Yes <input type="checkbox"/> No Medication Type:	*Name of School Last Attended:	*Code Number of School Last Attended: Code No.:	
County/City Code of Birth: (Mandatory if POB is VA)	Mother's Maiden Name (if POB is VA): Last: First : Middle:		
*Telephone # of investigating agency (accessible 24 hours) : Area Code () -		*Authority for Release: <input type="checkbox"/> Yes <input type="checkbox"/> No (Part IV)	
Last Seen in Company of: NAME(S):		Sex:	Race:
(1)			
(2)			
*Name of Child's Parents or Legal Guardian: Name:		Phone:	
Address/City/State/Zip:			
MISCELLANEOUS DATA: (Information which may assist in identification: child's 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

**Date of Emancipation is individual's eighteenth birth date.
NOT NEEDED FOR CHILD 18 OR OLDER

CHECK APPLICABLE CONDITION:

1. DISABILITY:
Child missing is under proven physical/mental disability thereby subjecting herself/himself or others to personal or immediate danger.
2. ENDANGERED:
Child missing under circumstances indicating his/her physical safety is in danger.
3. INVOLUNTARY:
Child missing under circumstances indicating the disappearance was not voluntary.
4. JUVENILE:
Child under 18 years of age who is missing and does not meet entry criteria set forth in #1, 2, or 3. This category should not include children under the age of 12
5. MISSING CHILD:
Child between the age of 18 and less than 21 years of age who is missing and does not meet the criteria set forth in #1, #2, or #3, Child entered as Missing Person Other (Message Key EMO)

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.

I represent that I am the natural parent and/or legal guardian of the person named in this report, and have the legal right to sign this authorization and consent.

Signature

Date

Relationship

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

Distribution:

Virginia Missing Children Clearinghouse
Local School Division Superintendent – 1
Registrar of Vital Records – 1
P. O. Box 1000
Richmond, Virginia 23208-1000

Mailed Original

Date _____
Date _____
Date _____

By _____

Mailed "Located" copy

Date _____
Date _____
Date _____

By _____

Cleared VCIN/NCIC Date _____

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