

BOUNDARY COUNTY SHERIFF'S OFFICE
Bonners Ferry, ID 83805 (208)267-3151 ext 0 fax: (208)267-3154

**MISSING PERSON REPORT
FOR NCIC RECORD ENTRY**

CASE #: ORI: DATE:

Name of Missing Person:

Social Security Number (SOC): Sex:

Place of Birth: County of Birth:

Date of Birth: Date of Emancipation:

Mother's Maiden Name:

Alias Names:

Race:

Asian Black American Indian Unknown White

Eye Color:

Black (BLK) Blue (BLU) Brown (BRO) Gray (GRY) Green (GRN) Hazel (HAZ)
 Pink (PNK) Maroon (MAR) Multicolored (MULTI) Unknown (XXX)

Hair Color:

Black (BLK) Blonde / Strawberry (BLN) Red / Auburn (RED) Sandy (SDY)
 Brown (BRO) Gray / Partially Gray (GRY) White (WHI) Unknown (XXX)

Height (HGT): Weight (WGT): Skin Tone (SKN):

Operator License # (OLN): State: Expiration:

Scars, Marks, Tattoos, Piercings and other characteristics to include locations and descriptions (SMT)- examples, tattoo right forearm "ABC" writing, piercing – regular or gauged:

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Date of last contact (DLC) – where seen or heard from and how communication was made:

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Miscellaneous: Include build, handedness, any illnesses or diseases, medications, clothing descriptions, hair description, vehicle description and any identifying marks not already covered:

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Below is a list of clothing and personal effects. Please indicate those items the missing person was last seen wearing. Include style, type, size, color, labels or laundry markings.

ITEM	STYLE / TYPE	SIZE	COLOR	MARKINGS
Head Gear				
Scarf/ Tie/ Gloves				
Coat/ Jacket/ Vest				
Sweater				
Shirt				
Pants / Skirt				
Belts/ Suspenders				
Socks				
Shoes/ Boots				
Purse / Backpack				
Underwear				
Bra / Girdle/ Slip				
Stockings / Pantyhose				
Wallet/ Purse				
Money				
Glasses / Contacts				
Other				

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Does missing have corrected vision? : YES NO Glasses Contacts

Has missing person ever been fingerprinted? : YES NO

Where: Why:

Footprints available?: YES NO by who:

Body X-RAY available? : YES NO Full Partial

Dental X-RAY available? : YES NO Dentist?

Dentures: YES NO Full Partial Top Partial Bottom

Circumcision: YES NO Unknown

Has missing person ever donated blood? : YES NO

Blood Type:

- | | | |
|--|--|--|
| <input type="checkbox"/> A Positive (APOS) | <input type="checkbox"/> B Positive (BPOS) | <input type="checkbox"/> AB Positive (ABPOS) |
| <input type="checkbox"/> A Negative (ANEG) | <input type="checkbox"/> B Negative (BNEG) | <input type="checkbox"/> AB Negative (ABNEG) |
| <input type="checkbox"/> A Unknown (AUNK) | <input type="checkbox"/> B Unknown (BUNK) | <input type="checkbox"/> AB Unknown (ABUNK) |
| <input type="checkbox"/> O Positive (OPOS) | <input type="checkbox"/> O Negative (ONEG) | <input type="checkbox"/> O Unknown (OUNK) |

License Plate # (LIC) State: Expiration:

Vehicle Identification Number (VIN):

Year (VYR): Make (VMA): Model (VMO): Color (VCO):

Any Identifying marks on vehicle?

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Places where missing person frequents? :

Close Friends and or relatives:

Possible destination and means to get there? :

Complainant's Name:

Complainant's Address:

Complainant's Phone:

Complainant's DOB:

Relationship of Complainant to Missing Person:

Missing Person's Address:

Missing Person's Occupation:

Investigation Officer & Phone #:

Complainant's Signature:

Date: