

SAMPLE Incident Report – Form Section – *Missing Person*

Provide an answer in each blank underlined space shown below. If a specific item of information was never provided in the video, write “unknown” in that space.

INCIDENT INFORMATION

INCIDENT # _____	DATE OF DISPATCH _____ <small>(Month, Day, Year - ex. 12/25/65)</small>	TIME OF DISPATCH _____ <small>(ex. 9:00 AM)</small>
OFFICER BADGE # _____	PARTNER BADGE # _____	PRECINCT ASSIGNMENT _____
STREET ADDRESS _____		CRUISER# _____
CITY _____	STATE _____	ZIP CODE _____

CALLER / WITNESS / FAMILY MEMBER INFORMATION

LAST NAME _____	FIRST NAME _____	
DATE OF BIRTH _____ <small>(Month, Day, Year - ex. 12/25/65)</small>	SOCIAL SECURITY # _____ <small>(ex. 123-45-6789)</small>	
STREET ADDRESS _____	GENDER _____	
CITY _____	STATE _____	ZIP CODE _____
PRIMARY PHONE _____	OTHER PHONE _____	

WITNESS / FAMILY MEMBER INFORMATION

LAST NAME _____	FIRST NAME _____	
DATE OF BIRTH _____ <small>(Month, Day, Year - ex. 12/25/65)</small>	SOCIAL SECURITY # _____ <small>(ex. 123-45-6789)</small>	
STREET ADDRESS _____	GENDER _____	
CITY _____	STATE _____	ZIP CODE _____
PRIMARY PHONE _____	OTHER PHONE _____	

MISSING PERSON INFORMATION

LAST NAME _____	FIRST NAME _____	
AGE _____	SOCIAL SECURITY # _____	
STREET ADDRESS _____		
CITY _____	STATE _____	ZIP CODE _____
GENDER _____	RACE _____	HEIGHT _____ <small>(ex. 5 ft 8 in)</small>
WEIGHT _____ <small>(Pounds)</small>	EYE _____ <small>(Color - ex. brown, blue)</small>	HAIR _____ <small>(Color - ex. black, brown)</small>
PRIMARY PHONE _____	OTHER PHONE _____	
OTHER DESCRIPTION _____		
