



MISSING PERSONS PACKET



MUPU OR AGENCY CASE NUMBER	AGENCY ORI
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NAME (Last, First, Middle)	ALIAS/NICKNAMES
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SEX <input type="checkbox"/> M <input type="checkbox"/> F	RACE <input type="checkbox"/> WHITE <input type="checkbox"/> BLACK	<input type="checkbox"/> NATIVE AMERICAN <input type="checkbox"/> ASIAN OR PACIFIC ISLANDER	<input type="checkbox"/> HISPANIC <input type="checkbox"/> NON-HISPANIC	DATE OF BIRTH MO/DAY/YEAR	AGE
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HEIGHT	WEIGHT	EYE COLOR <input type="checkbox"/> BLACK <input type="checkbox"/> BROWN	<input type="checkbox"/> BLUE <input type="checkbox"/> GRAY	<input type="checkbox"/> GREEN <input type="checkbox"/> HAZEL	<input type="checkbox"/> MAROON <input type="checkbox"/> PINK	<input type="checkbox"/> MULTI-COLORED <input type="checkbox"/> UNKNOWN
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HAIR COLOR <input type="checkbox"/> BLACK <input type="checkbox"/> WHITE <input type="checkbox"/> BLOND/STRAWBERRY	<input type="checkbox"/> BLOND <input type="checkbox"/> RED/AUBURN <input type="checkbox"/> BROWN	<input type="checkbox"/> ORANGE <input type="checkbox"/> PURPLE <input type="checkbox"/> PINK	<input type="checkbox"/> BLUE <input type="checkbox"/> GREEN <input type="checkbox"/> SANDY	<input type="checkbox"/> GRAY/PARTIALLY GRAY <input type="checkbox"/> UNKNOWN OR COMPLETELY BALD
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SCARS, MARKS, DEFORMITIES (Describe and indicate location on body, including tattoos)

SOCIAL SECURITY NUMBER	DRIVER'S LICENSE NUMBER	OPERATOR'S LICENSE STATE	HAS THE MISSING PERSON EVER BEEN FINGERPRINTED? <input type="checkbox"/> NO <input type="checkbox"/> YES IF YES, BY WHOM?
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DATE AND TIME LAST SEEN MO/DAY/YR TIME AM <input type="checkbox"/> PM <input type="checkbox"/>	LOCATION LAST SEEN (City, State)	POSSIBLE DIRECTION OF TRAVEL (City, State)
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LAST SEEN WEARING (Hat, Shirt, Glasses, Pants, Shoes and Shoe Size, etc.)

ASSOCIATES	PRESENT MENTAL STATE <input type="checkbox"/> DEPRESSED <input type="checkbox"/> AMNESIA <input type="checkbox"/> SUICIDAL <input type="checkbox"/> OTHER _____
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MISSING PERSON'S OCCUPATION

MEDICATION REQUIRED <input type="checkbox"/> YES <input type="checkbox"/> NO	REASON _____ TYPE _____
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VEHICLE MAKE	MODEL	STYLE	YEAR	LICENSE NUMBER	LICENSE STATE	COLOR
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OTHER IDENTIFYING CHARACTERISTICS OF VEHICLE (Vehicle Identification Number, license plate type, decals, damage, etc.)

BACKGROUND INFORMATION

SOCIAL MEDIA

TRAFFICKING INFORMATION OR CONCERNS

PLEASE INCLUDE ANY PERTINENT INFORMATION REGARDING THE MISSING PERSON NOT ADDRESSED ELSEWHERE ON THIS FORM.

IF POSSIBLE, ENCLOSE A WALLET-SIZE, CURRENT PHOTOGRAPH OF EACH MISSING PERSON AND THE ABDUCTOR.



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NAME OF MISSING PERSON (Last, First, Middle)

MEDICAL/DENTAL INFORMATION

NAME OF DENTIST	TELEPHONE NUMBER ()
STREET ADDRESS	CITY, STATE, ZIP
NAME OF PERSONAL PHYSICIAN	TELEPHONE NUMBER ()
STREET ADDRESS	CITY, STATE, ZIP

THE FOLLOWING DENTAL INFORMATION SHOULD BE SUBMITTED TO THE INVESTIGATING AGENCY:

- **ORIGINAL** X-RAYS (*old and most recent*)
- INTRAORAL PHOTOGRAPHS
- COPY OF TREATMENT RECORD
- DENTAL CASTS

DENTAL RECORDS AVAILABLE <input type="checkbox"/> YES <input type="checkbox"/> NO	DOCTOR'S RECORDS (x-rays, etc.) AVAILABLE <input type="checkbox"/> YES <input type="checkbox"/> NO	MISSING ORGANS	BLOOD TYPE
UNUSUAL DENTAL CHARACTERISTICS			DNA AVAILABLE? <input type="checkbox"/> YES <input type="checkbox"/> NO

AUTHORIZATION TO RELEASE DENTAL AND MEDICAL INFORMATION

I am a family member or next of kin of the missing person reported on this form. I hereby authorize the release of all medical and dental records to assist law enforcement agencies in locating the missing person.

SIGNATURE OF FAMILY MEMBER OR NEXT OF KIN		DATE
RELATIONSHIP	STREET ADDRESS	CITY, STATE, ZIP

PLEASE NOTIFY THE WSP MISSING AND UNIDENTIFIED PERSONS UNIT AS SOON AS POSSIBLE AFTER LOCATION OF PERSON HAS BEEN DETERMINED.

SEND COMPLETED FORM TO:

WASHINGTON STATE PATROL
MISSING AND UNIDENTIFIED PERSONS UNIT
PO BOX 42634
OLYMPIA WA 98504-2634
1-800-543-5678 (KID-LOST)
E-mail mupu@wsp.wa.gov
FAX (360) 704-2971



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PUBLICATION REQUEST AND AGREEMENT

Regarding: _____ (missing person)

I request that the Washington State Patrol publish in a law enforcement bulletin the name, age, description, photograph, and circumstances surrounding the status of the Missing Person. Any information supplied by me shall be truthful. I understand that the information I provide may be published in more than 1,000 reports, made available to law enforcement, hospitals, medical examiners, children's shelters, social services, other agencies or organizations involved with missing children and, ultimately, the news media and the public.

In exchange for the distribution of this information, I agree to hold the Washington State Patrol and other law enforcement or state agencies harmless for any liability occasioned by the distribution of the information referenced above, including any liability or defense costs in an action that may be subsequently prosecuted by the subject child.

SIGNED

PRINT NAME

RELATIONSHIP TO MISSING PERSON

STREET ADDRESS

CITY, STATE, ZIP

TELEPHONE NUMBER

E-MAIL ADDRESS

()

DATE

REPORTING AGENCY

AGENCY CASE #

NIC#

INVESTIGATING OFFICER

PHONE

()