

GLOUCESTER POLICE DEPARTMENT

MISSING PERSON AFFIDAVIT/VERIFICATION

Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_  
Address: \_\_\_\_\_ SS #: \_\_\_\_\_

MISSING PERSON NCIC/LEAPS CATEGORIES

Check One:

- \_\_\_\_\_ D: Disabled: A person of any age who is missing and under proven physical/mental disability or is senile, thereby subjecting himself/herself or others to personal and immediate danger.
- \_\_\_\_\_ E: Endangered: A person of any age who is missing under circumstances indicating that his/her physical safety may be in danger.
- \_\_\_\_\_ I: Involuntary: A person of any age who is missing under circumstances indicating that the disappearance may not have been voluntary, e.g., abduction or kidnapping.
- \_\_\_\_\_ V: Catastrophe Victim: A person of any age missing after a catastrophe, e.g., storm, plane crash.
- \_\_\_\_\_ J: Juvenile: A person who is missing and declared unemancipated as defined by the laws of his/her state of residence and who does not meet any of the criteria as forth in a, b, or c.
- \_\_\_\_\_ A: Juvenile Abduction: A person who is less than 18 and there is a reasonable indication or suspicion that the child has been abducted.
- \_\_\_\_\_ F: Juvenile Foul Play: A person who is less than 18 and who is missing under circumstances suggesting foul play or a threat to life.

\*\*\*\*\*

AFFIDAVIT

I solemnly swear (or affirm) that the individual named above is declared missing as indicated in the category checked: that his/her whereabouts are unknown: that upon return, or of contact with the said missing person, I will immediately notify the Gloucester Police Department.

\_\_\_\_\_  
(Name of Complainant)

\_\_\_\_\_  
(Address of Complainant)

\_\_\_\_\_  
(City) (State) (Zip) (Telephone)

Officer taking report: \_\_\_\_\_

Signature of Complainant: \_\_\_\_\_

GLOUCESTER POLICE DEPARTMENT  
MISSING PERSON REPORT

Case # \_\_\_\_\_  
Date/Time Rec'd \_\_\_\_\_ OCA# \_\_\_\_\_  
Officer: \_\_\_\_\_ LEAPS# \_\_\_\_\_  
Investigating Officer: \_\_\_\_\_ NCIC# \_\_\_\_\_  
Date Entered LEAPS/NCIC: \_\_\_\_\_ Operator: \_\_\_\_\_  
Person Making Report: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ D.O.B. : \_\_\_\_\_  
(Last, First, Middle)

Address: \_\_\_\_\_ Tel. #: \_\_\_\_\_

Race: \_\_\_\_\_ Sex: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Build: \_\_\_\_\_

Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Hair Style: \_\_\_\_\_

Facial Hair/Style (beard, etc.) \_\_\_\_\_

Clothing last seen worn: \_\_\_\_\_

Eye Glasses: \_\_\_\_\_ Style: \_\_\_\_\_ Contact Lenses: \_\_\_\_\_

Any Mental/Physical Impairments: \_\_\_\_\_

Date/Time Missing: \_\_\_\_\_ Where/When Last Seen: \_\_\_\_\_

Possibly Travelling With: \_\_\_\_\_

Possible Destinations: \_\_\_\_\_

Person to Notify if Found: \_\_\_\_\_ Tel. #: \_\_\_\_\_

**IF MISSING JUVENILE:** (Enter into LEAPS forthwith, affidavit can be signed later)

Deviation from Normal Behavior?: \_\_\_\_\_

Name of Parent/Legal Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

Motor Vehicle: Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

Color: \_\_\_\_\_ Style: \_\_\_\_\_ Reg. #: \_\_\_\_\_ State: \_\_\_\_\_

Driver's License: \_\_\_\_\_ VIN: \_\_\_\_\_

Signature of Reporting Party: \_\_\_\_\_

GLOUCESTER POLICE DEPARTMENT  
MISSING PERSON REPORT

ADDITIONAL INFORMATION:

Marital Status: \_\_\_\_\_

Complexion: \_\_\_\_\_ Scars/Marks/Tattoos: \_\_\_\_\_

Describe any Mental, Emotional or Physical problems: \_\_\_\_\_

Does the missing person take any type of medication: \_\_\_\_\_

What type: \_\_\_\_\_ When taken last: \_\_\_\_\_

When needed next: \_\_\_\_\_ Effect: \_\_\_\_\_

Additional Description: \_\_\_\_\_

Condition of Teeth: \_\_\_\_\_

Jewelry Worn: \_\_\_\_\_

Fingerprint Classification: \_\_\_\_\_

Employer/School: \_\_\_\_\_

Employer/School Address: \_\_\_\_\_

Phone; \_\_\_\_\_ Occupation: \_\_\_\_\_

Ever been missing before: \_\_\_\_\_ When/How Long: \_\_\_\_\_

Circumstances: \_\_\_\_\_

Names & Addresses of Friends/Relatives: \_\_\_\_\_

Places Frequented: \_\_\_\_\_

Extent to which friends & relatives have searched: \_\_\_\_\_

Remarks: \_\_\_\_\_

LOCATE: \_\_\_\_\_ WHERE: \_\_\_\_\_ CM#: \_\_\_\_\_

NOTIFYING PARTY: \_\_\_\_\_ LEAPS OPERATOR: \_\_\_\_\_