

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: _____