MISSING PERSON/RUNAWAY REPORT

DATE:  TIME REPORTED TO HI:

MISSING FROM: HOMELIBRARYOTHER

TIME AND DATE STUDENT WENT MISSING:

STUDENT NAME:

OSIS #:

DOB:

AWARENESS OF SURROUNDINGS/DANGER:

VERBAL: YES  NO; IF SO WHAT LANGUAGE:

CLASSIFICATION: ED  AU MR  OTHER

KNOWN MEDICAL ISSUES:

ETHNICITY:

CLOTHING:

HT:      WEIGHT:

PUBLIC TRANS:

KNOWN RUNNER/WANDERER/RUNAWAY:

WAS 911 CALLED: YESNO

TIME 911 CALLED:

NAME/BADGE # OF RESPONDING OFFICER:

PRECINCT:

PARENT/GUARDIAN NAME:

PARENT/GUARDIAN WORKING PHONE:

HOME ADDRESS:

VIDEO SURVEILLANCE ON SITE: YES  NO Don’t KNOW

TEACHER NAME:

TEACHER PHONE:

WAS ACS CONTACTED: YES NO

BRIEF DESCRIPTION: