MISSING PERSON/RUNAWAY REPORT

DATE:  TIME REPORTED TO HI:

MISSING FROM: HOME**[ ]** LIBRARY**[ ]** OTHER

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: YES[ ] NO[ ]

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: