



# Halton Regional Police Service

## Missing Person Questionnaire

Occurrence number:			
Name of Missing Person:			
Community missing from:			
Missing person type:	<input type="checkbox"/> Lost	<input type="checkbox"/> Missing	<input type="checkbox"/> At Risk
	<input type="checkbox"/> Child	<input type="checkbox"/> Elderly	<input type="checkbox"/> Disability
	<input type="checkbox"/> Runaway	<input type="checkbox"/> Major Case	<input type="checkbox"/> Foul Play Suspected
Information obtained by:			Badge #:
Date and time report prepared:			

**Source of information**  In person  Telephone

Informant's name	Date of birth	
Home address		
Business address		
Home phone	Business phone	Cell phone
Relationship to missing person		
When and where was missing person last seen?		
What does informant believe has happened?		
Where / how can the informant be reached?		

**Missing Person information**  Male  Female

Surname	Given names	Nicknames / Aliases
Date of birth	Age	Place of birth
Home address		How long at this address?

Business name and address		
School name and address		
Home phone	Business / School phone	Cell phone
Email address (personal)	Email address (work)	
Previous address		
How long did subject live at previous address?		
Does subject have access to a personal computer? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
Known membership in social networking sites:		

**Missing Person – relevant issues / cautions**

Mental, emotional, suicidal, medical, physical, other (circle and explain below i.e. if disability / dependency):

**Physical description** Photo available?  Yes  No  Being obtained

Height	Weight	Race
Build		
<input type="checkbox"/> Slender/Petite <input type="checkbox"/> Medium/Average <input type="checkbox"/> Muscular/Stocky <input type="checkbox"/> Heavy/Large		
Complexion		
<input type="checkbox"/> Light/Fair <input type="checkbox"/> Tan <input type="checkbox"/> Olive <input type="checkbox"/> Medium dark <input type="checkbox"/> Very dark		
<input type="checkbox"/> Clear skin <input type="checkbox"/> Pockmarked <input type="checkbox"/> Freckles <input type="checkbox"/> Moles		
Eyes		
<input type="checkbox"/> Brown <input type="checkbox"/> Blue <input type="checkbox"/> Hazel <input type="checkbox"/> Grey <input type="checkbox"/> Green <input type="checkbox"/> Black <input type="checkbox"/> Pink/Red		
<input type="checkbox"/> Glasses <input type="checkbox"/> Contacts <input type="checkbox"/> Coloured contacts <input type="checkbox"/> Cross-eyed <input type="checkbox"/> Lazy eye		
Hair colour		
<input type="checkbox"/> Blonde <input type="checkbox"/> Brown <input type="checkbox"/> Red <input type="checkbox"/> Black <input type="checkbox"/> Gray <input type="checkbox"/> White <input type="checkbox"/> Other:		
Hairstyle		

Length:  Short  Shoulder  Long  Extensions

Bald/Balding  Shaved  Short  Long  Straight  Wavy  Curly  Afro

Parted right  Parted left  Parted centre  Unkempt  Ponytail/Braided

Facial hair

Clean-shaven Beard:  Full  Partial  Goatee Moustache:  Yes  No

Facial features

Thin/sharp features  Chubby/rounded features  Other:

Teeth

Good  Irregular/Crooked  Visible missing  Visible decay  Visible stained  Gaps

Protruding upper  Protruding lower  False upper  False lower  Braces  Retainer

Speech

Accent: (indicate type)  Stutter  Lisp  Sign language

Languages spoken:

Marks, scars, tattoos, amputations, piercings, outstanding features (circle and describe)

**Clothing description** Replicas available?  Yes  No  Being obtained

Civilian clothes  Work uniform  School uniform

Clothing item	Description	Colour	Size	Other
Outerwear				
Shirt / blouse				
Sweater / sweat top				
Pants				
Dress / skirt				
Underwear				
Socks / stockings				
Headwear				
Footwear				
Gloves / mitts				
Purse / backpack / wallet				

Scent item available?  Yes  No  Obtaining

Footwear sole sample available?  Yes  No  Obtaining

**Habits and personality of the Missing Person**

Habit	Yes	No	What	How often	Brand
Smokes					
Drinks alcohol					
Drug use (medical)					
Drug use (non-medical)					
Drinks other					
Snacks					

Social status:  Loner  Follower  Leader Usual demeanour:  Quiet  Outgoing

Would subject hitch-hike?  Yes  No  Unknown

Would subject accept a ride?  Yes  No  Unknown

Does subject give up easily?  Yes  No Does subject have survivor attitude?  Yes  No

Legal problems:  Yes  No Money problems:  Yes  No

Peer problems:  Yes  No

Hobbies or special interest:

History:

No history  Repeatedly missing  Missing before. Last location found:

Other:

Probable destination:

Name of closest family member	Address	Phone number
Name of closest friend	Address	Phone number

**Missing Person's usual mode of transportation**

Walks  Drives car  Motorcycle  Bicycle  Bus  Taxi  Gets a ride

	Licence plate	Make	Model	Colour	Year
Vehicle info					
Bicycle info					

Location of vehicle known?  Yes  No Location of bicycle known?  Yes  No

When and by whom was the vehicle or bicycle last seen?

**What activity was the Missing Person involved in when they went missing?**

School outing  Went for walk  Went to store  Hiking  Hunting  Cycling  Fishing

Camping  At home  Other:

On way to / from school. Name of school:

On way to / from work. Employer name:

**Medical profile of Missing Person**

Known or suspected:

Injury  Illness  Allergies  Fears/phobias  Disabilities

Explain:

Missing Person requires medication  No  Yes

If yes, describe consequences of not taking:

Missing Person's doctor	Name	Phone number
Missing Person's dentist	Name	Phone number

**Child issues**

Feeling towards adults and strangers:

Reaction when hurt:

Training when lost:

**Outdoor experience**

Rate the person's familiarity with the area:  Very familiar  Somewhat familiar  Not familiar

Rate the person's overall fitness:  Very fit  Fit  Somewhat fit  Not fit  Frail

Rate the person's outdoor survival ability:  Good  Average  Poor

Rate the person's First Aid abilities:  Good  Average  Poor

**Equipment profile**

Does the person have money?  Yes  No  Unknown. If yes, how much?

Does the person have credit cards?  Yes  No  Unknown. If yes, list:

Does the person have equipment and supplies with them?  Yes  No  Unknown. If yes, check below:

<input type="checkbox"/> Backpack	<input type="checkbox"/> Gym bag	<input type="checkbox"/> Fanny pack	<input type="checkbox"/> First Aid kit
<input type="checkbox"/> Lighter	<input type="checkbox"/> Matches	<input type="checkbox"/> Flares	<input type="checkbox"/> Flashlight
<input type="checkbox"/> Fishing gear	<input type="checkbox"/> Tackle box	<input type="checkbox"/> Wading apparel	<input type="checkbox"/> Personal floatation device
<input type="checkbox"/> Firearm	<input type="checkbox"/> Licence tags	<input type="checkbox"/> Hunting gear	<input type="checkbox"/> Bow hunting gear
<input type="checkbox"/> Maps of area	<input type="checkbox"/> Compass	<input type="checkbox"/> Binoculars	<input type="checkbox"/> Climbing gear
<input type="checkbox"/> Camera	<input type="checkbox"/> Radio / iPod / CD player	<input type="checkbox"/> Insect repellent	<input type="checkbox"/> Knife
<input type="checkbox"/> Sunglasses	<input type="checkbox"/> Rain suit	<input type="checkbox"/> Whistle	<input type="checkbox"/> Pen, pencil, marker
<input type="checkbox"/> Newspaper / magazine	<input type="checkbox"/> Schoolbooks / notepad	<input type="checkbox"/> Whistle	<input type="checkbox"/> Mobile phone

Does the person have adequate clothing to spend the night?  Yes  No  Unknown

Does the person have water or beverages?  Yes  No  Unknown

Does the person have food?  Yes  No  Unknown

**Actions taken thus far**

**Other relevant information**

**Reviewed by**

	Name	Employee #	Date and time
Patrol Sergeant			
Ground Search Coordinator			
Search Manager			
Search Commander			