

<b>MISSING PERSON DESCRIPTION FORM</b>		
<b>INFORMATION OBTAINED FROM</b>		
NAME	EMAIL	
STREET ADDRESS		
CITY	STATE	ZIP CODE
HOME PHONE NUMBER ( )	CELL PHONE NUMBER ( )	WORK PHONE NUMBER ( )
RELATIONSHIP TO MISSING PERSON <input type="checkbox"/> WITNESS <input type="checkbox"/> VICTIM <input type="checkbox"/> FAMILY MEMBER <input type="checkbox"/> OTHER:		
<b>MISSING PERSON DATA</b>		
NAME	EMAIL	
STREET ADDRESS		
CITY	STATE	ZIP CODE
HOME PHONE NUMBER ( )	CELL PHONE NUMBER ( )	WORK PHONE NUMBER ( )
FLOAT PLAN (IF YES, ATTACH TO THIS FORM) <input type="checkbox"/> YES <input type="checkbox"/> NO	PHOTOGRAPH (IF YES, ATTACH TO THIS FORM) <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE REPORTED MISSING
TIME REPORTED MISSING OR LAST SEEN _____ AM/PM    _____ MILITARY TIME	TIME WHEN VICTIM SUBMERGED _____ AM/PM    _____ MILITARY TIME	
POINT LAST SEEN/LAST KNOWN (BE SPECIFIC REGARDING DETAIL AND MARK/IDENTIFY LOCATION (MARKER BUOY, GPS, ANCHOR BOAT))		
<b>MISSING PERSON DESCRIPTION – OBTAIN IMAGE</b>		
GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> UNKNOWN	AGE (5 YEAR SPANS – I.E. 25-30)	WEIGHT (10 LB. SPANS – I.E. 180-190)
HEIGHT (3 INCH SPANS – I.E. 5'-5'3")	BODY BUILD <input type="checkbox"/> SLIGHT <input type="checkbox"/> AVERAGE <input type="checkbox"/> HEAVY	HAIR (COLOR AND STYLE)
FACE SHAPE	FACIAL HAIR	EYE COLOR
<b>HEALTH STATUS</b>		
PHYSICAL LIMITATION(S)		
MEDICAL CONDITION(S)	MEDICATION(S)	

ALLERGIES		MENTAL STATUS	
<b>CLOTHING</b>			
HAT	PFD COLOR _____ TYPE _____	JACKET	SHIRT
PANTS/SHORTS	SOCKS	SHOES TYPE _____ SIZE _____ TREAD PATTERN _____	
<b>UNIQUE FEATURES/CHARACTERISTICS</b>			
IDENTIFYING MARKS (TATTOOS, BIRTH MARKS, SCARS, PIERCINGS)		IDENTIFYING ACTIONS (MANNERISMS (WALK, STYLE, SPEECH, ETC.))	
<b>SWIMMING ABILITIES</b>			
SWIMMING			
<input type="checkbox"/> NON-SWIMMER <input type="checkbox"/> WEAK <input type="checkbox"/> FAIR <input type="checkbox"/> STRONG			
<b>BOATING/WATER SAFETY TRAINING</b>			
TRAINING (IF YES, PROVIDE DETAILS OF TRAINING (BOATING, DIVING, SWIMMING, WATER RESCUE, ETC.))			
<input type="checkbox"/> YES <input type="checkbox"/> NO      DETAILS: _____			
<b>VICTIM BEHAVIOR</b>			
CHECK ALL THAT APPLY		DETAILS	
<input type="checkbox"/> DRINKING/DRUG ABUSE <input type="checkbox"/> UNSAFE ACT <input type="checkbox"/> DEPRESSED/SUICIDAL <input type="checkbox"/> USE OF WEAPONS <input type="checkbox"/> RUN AWAY <input type="checkbox"/> OTHER			
<b>VICTIM ACTIVITY</b>			
CHECK ALL THAT APPLY		DETAILS	
<input type="checkbox"/> FISHING <input type="checkbox"/> SWIMMING <input type="checkbox"/> BOATING <input type="checkbox"/> DIVING <input type="checkbox"/> DRIVING <input type="checkbox"/> HIKING <input type="checkbox"/> ICE SKATING <input type="checkbox"/> OTHER			
<b>VICTIM PERSONAL PROTECTIVE EQUIPMENT</b>			
WAS VICTIM WEARING PFD <input type="checkbox"/> YES <input type="checkbox"/> NO		WAS VICTIM WEARING COLD WATER CLOTHING <input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>SIGNALING CAPABILITIES</b>			
VICTIM HAD			
<input type="checkbox"/> VISUAL DISTRESS SIGNALS <input type="checkbox"/> MIRROR <input type="checkbox"/> WHISTLE <input type="checkbox"/> CELL PHONE (LIST NUMBER) _____			
<input type="checkbox"/> RADIO (VHS OR WALKIE TALKIE) TYPE: _____    CHANNEL OF OPERATION: _____ CALL NUMBERS OR SPECIFIC NAME: _____			
PROVIDE ANY OTHER DETAILS			
<b>VEHICLE INFORMATION</b>			
MAKE	MODEL	YEAR	COLOR
LICENSE PLATE STATE _____ NUMBER _____	VEHICLE ID NUMBER (VIN)	UNIQUE CHARACTERISTICS	
LOCATED AT (ACCESS, BOAT RAMP, ALONG ROAD, PARKING LOT, ETC. – PROVIDE DETAIL)			