

VIRGINIA MISSING PERSON INFORMATION CLEARINGHOUSE REPORT

(21 and OVER ONLY)

*INVESTIGATING OFFICER:				*DATE/TIME REPORTED TO LAW ENFORCEMENT: _____				
*ORIGINATING AGENCY CASE NUMBER:				*DATE ENTERED VCIN/NCIC: _____				
				VIC #: _____				
*PART 1								
*AGENCY SUBMITTING REPORT:						ORI NO.:		
*TELEPHONE # OF INVESTIGATING AGENCY (ACCESSIBLE 24 HOURS): AREA CODE () -								
*LAST NAME:		FIRST NAME:		MIDDLE NAME:		SUFFIX:	*SEX: RACE:	
*PLACE OF BIRTH:				*DATE OF BIRTH:				
*HEIGHT:		*WEIGHT		*EYE COLOR:		*HAIR COLOR:		
FT. IN.		LBS.		<input type="checkbox"/> BLACK <input type="checkbox"/> BLUE <input type="checkbox"/> MAROON <input type="checkbox"/> GREEN <input type="checkbox"/> BROWN <input type="checkbox"/> GRAY <input type="checkbox"/> HAZEL <input type="checkbox"/> UNKNOWN <input type="checkbox"/> MULTICOLOR <input type="checkbox"/> PINK		<input type="checkbox"/> BLACK <input type="checkbox"/> BLOND <input type="checkbox"/> WHITE <input type="checkbox"/> SANDY <input type="checkbox"/> BROWN <input type="checkbox"/> GRAY <input type="checkbox"/> RED <input type="checkbox"/> _____		
COMPLEXION: <input type="checkbox"/> FAIR/LIGHT <input type="checkbox"/> BLACK <input type="checkbox"/> MEDIUM <input type="checkbox"/> ALBINO <input type="checkbox"/> DARK <input type="checkbox"/> OLIVE <input type="checkbox"/> DARK BROWN <input type="checkbox"/> RUDDY <input type="checkbox"/> SALLOW <input type="checkbox"/> YELLOW <input type="checkbox"/> MED. BROWN <input type="checkbox"/> LT. BROWN				SCARS, MARKS, BRACES, TATTOOS, PIERCINGS:				
GLASSES: <input type="checkbox"/> YES <input type="checkbox"/> NO CONTACTS: <input type="checkbox"/> YES <input type="checkbox"/> NO				SOCIAL SECURITY NUMBER:				
OPERATOR'S LICENSE NUMBER:			O.L. STATE:			DATE OF EXPIRATION:		
MEDICAL CONDITION: <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHAT TYPE:								
*MEDICATION REQUIRED: <input type="checkbox"/> YES <input type="checkbox"/> NO MEDICATION TYPE:								
PERSON WHO IS REPORTING SUBJECT MISSING:								
LAST:		FIRST:			MIDDLE:			
ADDRESS:						PHONE:		
*DATE OF LAST CONTACT:			INPERSON: <input type="checkbox"/> YES <input type="checkbox"/> NO			VIA PHONE: <input type="checkbox"/> YES <input type="checkbox"/> NO		
LAST SEEN IN COMPANY OF: NAME(S):						SEX:	RACE:	
(1)								
(2)								
MISCELLANEOUS DATA: (Information which may assist in identification: nickname, associates, direction of travel, hairstyle, clothing, jewelry, etc.)								
VEHICLE INFORMATION:								
LICENSE PLATE NUMBER:		STATE:	YEAR OF EXP:	LIC. TYPE:		VIN:		
VEHICLE YEAR:	MAKE:		MODEL:		STYLE:		COLOR:	

***PART 2**CHECK APPLICABLE CONDITION:1. ☐ DISABILITY:

Person missing is under proven physical/mental disability or is senile thereby subjecting herself/himself or others to personal or immediate danger.

Are you requesting a Senior Alert activation? YES ☐ NO ☐

Are you requesting a Missing Person with Autism Alert activation? YES ☐ NO ☐

Are you requesting a Critically Missing Adult Alert activation? YES ☐ NO ☐

If you answered yes to ANY of the questions above, contact the VSP Duty Sergeant at 804-674-2026.

2. ☐ ENDANGERED:

Person missing under circumstances indicating his/her physical safety is in danger.

Are you requesting a Critically Missing Adult Alert activation? YES ☐ NO ☐

If you answered yes to the question above, contact the VSP Duty Sergeant at 804-674-2026.

3. ☐ INVOLUNTARY:

Person missing under circumstances indicating the disappearance was not voluntary.

Are you requesting a Critically Missing Adult Alert activation? YES ☐ NO ☐

If you answered yes to the question above, contact the VSP Duty Sergeant at 804-674-2026.

4. ☐ CATASTROPHE VICTIM

Person who is missing after a catastrophe.

Are you requesting a Critically Missing Adult Alert activation? YES ☐ NO ☐

If you answered yes to the question above, contact the VSP Duty Sergeant at 804-674-2026.

5. ☐ OTHER

A person 21 or older, not meeting the criteria for entry in any other category, who is missing and for whom there is a reasonable concern for his/her safety.

Are you requesting a Critically Missing Adult Alert activation? YES ☐ NO ☐

If you answered yes to the question above, contact the VSP Duty Sergeant at 804-674-2026.

***PART 3**

I certify the person described in Part 1 is missing and that the information I have furnished is true and correct to the best of my knowledge and belief.

SIGNATURE

DATE

RELATIONSHIP

PART 4

I authorize any law-enforcement official to use photographs and/or any other identifying information I have provided in any manner they deem necessary in attempting to locate the person I am reporting missing.

SIGNATURE

DATE

RELATIONSHIP

Virginia Missing Person Information Clearinghouse
Virginia State Police
Criminal Justice Information Services Division
P. O. Box 27472
Richmond, Virginia 23261-7472

***PLEASE ATTACH A CURRENT PHOTOGRAPH
OF THE MISSING PERSON TO THIS FORM***