

STAMFORD POLICE DEPARTMENT
Missing Persons Report

Name of Missing _____ Age ____ Race ____ Sex M F
(last, first, middle)
Address _____ Home Ph (____) _____
Height ____ Weight ____ Eye Color ____ Hair Color ____ Alternate Ph (____) _____
Scars/Marks/Tattoos _____ Glasses/Contacts _____
Social Security Number (if known) _____ Drivers License _____
Vehicle Year ____ Make ____ Model ____ Color ____ Plate _____
School _____ Grade _____
Employment _____ Marital Status _____

Clothing

Coat / Jacket _____ Shirt _____ Pants _____
Shoes _____ Hat _____ Dress _____
Socks _____ Tie _____ Other _____
Identifiable Jewelry _____ Money _____

Mental Condition _____ Known Mental Disorders _____
Physical Condition _____ Known Physical Disorders _____
Probable Cause of Absence _____ Possible Destination _____
May be in the company of _____ Address _____

Reported Missing by _____ Relationship _____
Address _____ Ph (____) _____ Alternate Ph (____) _____
Last Seen by _____ Date/ Time Last Seen _____
Address _____ Ph (____) _____ Alternate Ph (____) _____
Parent/Guardian _____ Ph (____) _____ Alternate Ph (____) _____
(if minor)
Signature _____ Date _____ Time _____

FOR OFFICIAL USE ONLY

Photo Y N

Incident Number # _____ Date /Time Reported _____ Report Taker _____
TTY / NIC # _____ CT. MSG # _____ OCA _____ Date Sent _____
LOCATED: Date _____ Time _____ Condition _____ Location _____
TTY Cancellation #/ CT MSG # _____ OCA _____ Date Cancelled _____
Date Closed _____ Referred To _____ Comments _____