

MT. VERNON POLICE DEPARTMENT
211 N. 10th STREET
MT. VERNON IL 62864
TX: 618/242-2131

MISSING PERSON (ADULT) REPORT

Entry code: _____
Cancel code: _____

*REPORT DATE: _____ *TIME OF REPORT: _____ *LEADS NUMBER _____
*DLC: _____ *NAME: _____ *SEX: _____ *RACE: _____
*POB: _____ *DOB: _____ *AGE: _____ *HGT: _____ *WGT: _____ *HAIR: _____ *EYES: _____
SKN: _____ FBI: _____ BCI: _____ FPC: _____
SS # _____ DLS: _____ DLN: _____ DLY _____
MNU: _____ SMT: _____
MISC: _____

DOE: _____ DIS: _____ VCO: _____ VYR: _____ VMA: _____
VMO: _____ VST: _____ VIN: _____
LIM: _____ LIY: _____ LIS: _____ LIT: _____ LIC: _____ BLT: _____
CRC: _____ FPA: _____ BXR: _____ VRX: _____ JWT: _____ JWL: _____

*OCA: _____ *ORA: PD MT VERNON IL *ENT CDC: _____
*DATE ENTERED: _____ *OFFICER TAKING REPORT: _____
*DATE CANCELLED: _____ *OFFICER TAKING REPORT: _____

DISPOSITION: _____

*REPORTING PERSON: _____ *RELATIONSHIP: _____
*ADDRESS: _____ *PHONE: _____

I, _____, understand that I am requesting the above-named person to be entered into our computer system and take full responsibility for this action. I understand that in the event this person returns home or is picked up, I will call and notify the MT. VERNON POLICE DEPARTMENT so that the person can be removed from the computer and if I do not do so, I will take full responsibility. In accordance with Illinois law the MT. VERNON POLICE DEPARTMENT has furnished me with a copy of the LEADS and/or NCIC entry.

Signed: _____

Dental Records (to be requested of R/P 30 days after subject reported as missing person):
REQUESTED: _____ DATE: _____ OBTAINED: **Y N**