



## MISSING CHILD REPORT

**Date:**

MCR ID:	Case Type:	Missing From Date	Status
Alert Type:	Date Entered by DCF:	Date Reported To DCF/CBC	District:

### I. Child Information

Person ID	Name (Last, First Middle)			Gender	Date of Birth	
Race	Eye Color	Hair Color	Height	Weight lbs	Build	Teeth
Complexion		Scars and Marks:		Scars and Marks Description:		

### Other Names

Entry Date	Type	Last Name	First Name	Middle Name

### II. Missing From Address

Location					
Street				Unit	
City	County	State	Zip	Country	

### III. Other Information

Has Runaway Before?	Medical Condition?	Medical Condition is Life Threatening?
Drug or Alcohol Use?	Suicidal?	With Someone Who May Harm?
Has Weapons?	Involved in Gangs?	Involved in Prostitution?
Internet Related?	On Medications?	

### IV. Caller Information

Date of Call		Relationship Social Services	
Name (Last, First Middle)			
Street		Agency	
City	State	Zip	
Work Phone	Alternate Phone	Email Address	



**V. Law Enforcement Agency Information**

Case Number [OcaNumber]		Date Law Enforcement Notified	
Agency			
Street			
City	State	Zip	Work Phone

**VI. Narrative**

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**VII. Companion/Abductor Information**

Companion Type			Relationship			
Name (Last, First Middle)			Alias Name (Last, First Middle)			
SSN		Gender		Race		
Date of Birth			Perceived Age			
Eye Color	Hair Color	Height	Weight lbs	Build	Complexion	Teeth
Scars and Marks:			Scars and Marks Description			

**VIII. Vehicle Information**

Make	Model	Year
Style	Color	Description
Tag Number	Tag Year	State



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**IX. Recovery Information**

Recovery Date	Recovery Type	Status	
Address			
City	State	Zip	Country

**X. Recovery Narrative**