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		

Comment [AB1]: This will now pre-fill with more than one race listed on the Investigation - Participant Tab as a comma separated concatenated string

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

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V. Law Enforcement Agency Information

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

VI. Narrative

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

IX. Recovery Information

Recovery Date	Recovery Type	Status
Address		

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City	State	Zip	Country

X. Recovery Narrative