

<b>K-9 ONE SEARCH &amp; RESCUE</b>	<b>K-9 ONE INCIDENT #</b>	DATE PREPARED: TIME PREPARED:	<b>PAGE 1 OF 3</b>
<b>MISSING PERSON QUESTIONNAIRE</b>		REVISED (DATE/TIME):	
SUBJECT # ___ OF ___	FORM COMPLETED BY:	PD CASE #	

INFORMANT IDENTIFICATION			
FIRST NAME:		STREET ADDRESS:	
LAST NAME:		CITY:	
RELATIONSHIP TO SUBJECT:		STATE:	ZIP CODE:
HOME PHONE #:		ALT. PHONE #	
ADDITIONAL INFORMANTS/ WITNESSES	NAME:	NAME:	NAME:
	PHONE:	PHONE:	PHONE:

SUBJECT INFORMATION					
FIRST NAME:		STREET ADDRESS:			
MIDDLE NAME:		CITY:			
LAST NAME:		STATE:	ZIP CODE:		
<b>ANSWERS TO:</b>		HOME PHONE #:			
VEHICLE MAKE:		EMPLOYER:			
VEHICLE MODEL:		STREET ADDRESS:			
VEHICLE COLOR:		CITY:			
LICENSE PLATE #:		STATE:	ZIP CODE:		
COMMENTS (e.g. 'CODE' WORD IF CHILD):		WORK PHONE # :			
		WORK FAX #:			
		SUPERVISOR'S NAME:			
DATE OF BIRTH (Y/M/D):	AGE:	SEX:	HEIGHT:	WEIGHT:	
HAIR COLOR:	EYES:	HAIRSTYLE/LENGTH:			
FACIAL HAIR:	GLASSES: Y N	FIRST LANGUAGE:			
COMPLEXION:					
DISTINGUISHING MARKS:					
MEDICAL DISABILITIES:					
MEDICATION REQUIREMENTS/QTY ON HAND/DURATION OF SUPPLIES:					
RECENT/CURRENT ILLNESS(ES):					
FITNESS LEVEL:		SMOKER <input type="checkbox"/>	BRAND:		K-9 ONE FORM # 502 REV 03/07

ALLERGIES:

FEARS/PHOBIAS:

MENTAL ATTITUDE:

FINANCIAL SITUATION:

CRIMINAL HISTORY:

HOBBIES/INTERESTS:

**CLOTHING/EQUIPMENT**

SHOE TYPE:

COLOR:

SIZE:

SHOE / SOLE DESCRIPTION (IF AVAILABLE)

SOCKS:

PANTS / SHORTS (TYPE &amp; COLOR):

TOP (TYPE &amp; COLOR):

SWEATER (TYPE &amp; COLOR):

JACKET (TYPE &amp; COLOR):

RAINGEAR (TYPE &amp; COLOR):

HAT (TYPE &amp; COLOR):

GLOVES (TYPE &amp; COLOR):

PACK (MAKE &amp; COLOR):

FOOD &amp; DRINK (TYPE/BRAND/QUANTITY):

**POINT LAST SEEN**

DATE LAST SEEN:

TIME LAST SEEN:

POINT LAST SEEN:

MAP #

GRID REF:

NAME OF OTHER PERSON(S) WHO SAW OR MIGHT HAVE SEEN THE SUBJECT AT OR NEAR THIS TIME:	#	NAME OF INFORMANT	LOCATION SUBJECT SEEN	TIME SEEN
	1			
	2			
	3			
	4			
	5			

LOCATION OF VEHICLE (TRANSPORTATION):

INTENDED ROUTE:

WEATHER AT TIME LAST SEEN:

COMMENTS (DISPOSITION/PERSONALITY, RELATIONSHIP WITH SPOUSE/FAMILY/FRIENDS ETC.):

**SUBJECT NEXT OF KIN**

FIRST NAME:		STREET ADDRESS:	
LAST NAME:		CITY:	
RELATIONSHIP TO SUBJECT:		STATE:	ZIP CODE:
HOME PHONE #:		ALT. PHONE #	
ADDITIONAL INFORMANTS/ FRIENDS	NAME:	NAME:	NAME:
	PHONE:	PHONE:	PHONE:

AVAILABILITY OF PHOTOGRAPH(S) ?

