

**BOUNDARY COUNTY SHERIFF'S OFFICE**  
**Bonnors Ferry, ID 83805 (208)267-3151 ext 0 fax: (208)267-3154**

**MISSING PERSON REPORT  
FOR NCIC RECORD ENTRY**

**CASE #:**  **ORI:**  **DATE:**

**Name of Missing Person:**

**Social Security Number (SOC):**  **Sex:**

**Place of Birth:**  **County of Birth:**

**Date of Birth:**  **Date of Emancipation:**

**Mother's Maiden Name:**

**Alias Names:**

**Race:**

Asian  Black  American Indian  Unknown  White

**Eye Color:**

Black (BLK)  Blue (BLU)  Brown (BRO)  Gray (GRY)  Green (GRN)  Hazel (HAZ)

Pink (PNK)  Maroon (MAR)  Multicolored (MULTI)  Unknown (XXX)

**Hair Color:**

Black (BLK)  Blonde / Strawberry (BLN)  Red / Auburn (RED)  Sandy (SDY)

Brown (BRO)  Gray / Partially Gray (GRY)  White (WHI)  Unknown (XXX)

**Height (HGT):**  **Weight (WGT):**  **Skin Tone (SKN):**

**Operator License # (OLN):**  **State:**  **Expiration:**

**Scars, Marks, Tattoos, Piercings and other characteristics to include locations and descriptions (SMT)- examples, tattoo right forearm "ABC" writing, piercing – regular or gauged:**

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Date of last contact (DLC) – where seen or heard from and how communication was made:

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Miscellaneous: Include build, handedness, any illnesses or diseases, medications, clothing descriptions, hair description, vehicle description and any identifying marks not already covered:

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Below is a list of clothing and personal effects. Please indicate those items the missing person was last seen wearing. Include style, type, size, color, labels or laundry markings.

ITEM	STYLE / TYPE	SIZE	COLOR	MARKINGS
Head Gear				
Scarf/ Tie/ Gloves				
Coat/ Jacket/ Vest				
Sweater				
Shirt				
Pants / Skirt				
Belts/ Suspenders				
Socks				
Shoes/ Boots				
Purse / Backpack				
Underwear				
Bra / Girdle/ Slip				
Stockings / Pantyhose				
Wallet/ Purse				
Money				
Glasses / Contacts				
Other				

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Does missing have corrected vision? :  YES  NO  Glasses  Contacts

Has missing person ever been fingerprinted? :  YES  NO

Where:  Why:

Footprints available?:  YES  NO by who:

Body X-RAY available? :  YES  NO  Full  Partial

Dental X-RAY available? :  YES  NO Dentist?

Dentures:  YES  NO  Full  Partial Top  Partial Bottom

Circumcision:  YES  NO  Unknown

Has missing person ever donated blood? :  YES  NO

**Blood Type:**

- |                                            |                                            |                                              |
|--------------------------------------------|--------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> A Positive (APOS) | <input type="checkbox"/> B Positive (BPOS) | <input type="checkbox"/> AB Positive (ABPOS) |
| <input type="checkbox"/> A Negative (ANEG) | <input type="checkbox"/> B Negative (BNEG) | <input type="checkbox"/> AB Negative (ABNEG) |
| <input type="checkbox"/> A Unknown (AUNK)  | <input type="checkbox"/> B Unknown (BUNK)  | <input type="checkbox"/> AB Unknown (ABUNK)  |
| <input type="checkbox"/> O Positive (OPOS) | <input type="checkbox"/> O Negative (ONEG) | <input type="checkbox"/> O Unknown (OUNK)    |

License Plate # (LIC)  State:  Expiration:

Vehicle Identification Number (VIN):

Year (VYR):  Make (VMA):  Model (VMO):  Color (VCO):

Any Identifying marks on vehicle?

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**Places where missing person frequents? :**

**Close Friends and or relatives:**

**Possible destination and means to get there? :**

**Complainant's Name:**

**Complainant's Address:**

**Complainant's Phone:**

**Complainant's DOB:**

**Relationship of Complainant to Missing Person:**

**Missing Person's Address:**

**Missing Person's Occupation:**

**Investigation Officer & Phone #:**

**Complainant's Signature:**

**Date:**