



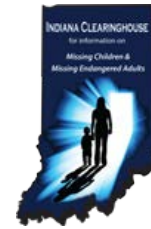
INDIANA MISSING PERSONS REPORT

State Form 42290 (R2 / 3-17)

Indiana Clearinghouse for Information on Missing Children & Missing Endangered Adults

Telephone: 800-831-8953 / Website: <http://www.in.gov/isp/2333.htm> E-mail: missingchildren@isp.in.gov

(Optional) reporting form. **NOT** required to email to the Clearinghouse.



Enter the Missing Person into IDACS/NCIC immediately. Be as detailed as possible in IDACS/NCIC (**PACK THE RECORD**) and this report.

You may e-mail this report and any photographs to the Clearinghouse at missingchildren@isp.in.gov. When available, the Clearinghouse will make posters and put on the Clearinghouse website. For investigative assistance, e-mail this form and any questions to the Indiana Intelligence Fusion Center at iifc@iifc.in.gov.

Current Date:

Current Time:

am

pm

IDACS Number:

NCIC Number:

Section A: Missing Person Information

1. Last Name	2. First Name	3. Middle Name	4. Alias	5. DOB (mm/dd/yy)	6. Age	7. Cell Phone Number
8. Race	9. Gender	10. Height feet inches	11. Weight pounds	12. Hair Color	13. Eye Color	
14. Social Security Number			15. Driver's License Number			
16. Address	17. City	18. State	19. County	20. ZIP Code		
21. Scars/Marks/Tattoos/Piercings			22. Description of Clothing (Outerwear, shirt, pants, shoes)			
23. Date Last Seen (mm/dd/yy)		24. Possible Destination		25. Possibly in Company with		
26. In need of medical attention? (Explain)						
27. Place of Birth (City, State)			28. Name & Address of last school attended			

Section B: Law Enforcement Agency Information

29. Agency	30. Agency Case Number	31. Agency 24/7 Telephone Number		
32. Investigating Officer Rank/Title	33. Last Name	34. First Name	35. Investigating Officer Telephone #	36. Investigating Officer E-mail

Initial Assessment: Family Abduction Non-Family Abduction Runaway Other:

Section C: Incident Information

37. Date of Incident (mm/dd/yy)	38. Time of Incident	39. Location/Address of Incident	
40. City	41. State Indiana	42. ZIP Code	43. County

Section D: Parent/Guardian Information

44. Last Name	45. First Name	46. Middle Name	47. Alias/Maiden Name	48. DOB (mm/dd/yy)	49. Age	50. Telephone Number
51. Relationship to Victim	52. Address	53. City	54. State	55. ZIP Code	56. County	

If Absconded from Institution:

57. Name of Institution	58. Case Worker	59. Telephone Number

Section E: Vehicle Information

60. Color	61. Year	62. Make	63. Model	64. Type	65. License Plate	66. License Plate State	67. Distinguishing features

Section F: Reporting Person Information

68. Last Name	69. First Name	70. Middle Name	71. Alias/Maiden Name	72. DOB (mm/dd/yy)	73. Age	74. Telephone Number
75. Relationship to Victim	76. Address	77. City	78. State	79. ZIP Code	80. County	

This form is optional. If you choose to e-mail the form to the Clearinghouse, include recent photographs. Please notify the Clearinghouse at missingchildren@isp.in.gov when the missing person has been located.

DISCLOSURE AND AUTHORIZATION FOR RELEASE OF INFORMATION

DISCLOSURE OF INFORMATION REQUESTED IS VOLUNTARY, IN ACCORDANCE WITH I.C. 10-1-7. THIS INFORMATION WILL BE SHARED WITH STATE AND FEDERAL LAW ENFORCEMENT AGENCIES IN AN EFFORT TO LOCATE MISSING CHILDREN. FAILURE TO PROVIDE THIS INFORMATION MAY LIMIT INVESTIGATIVE RESULTS. ALL INFORMATION WITH THE EXCEPTION OF CHILD'S NAME, DATE OF BIRTH, AND SEX, WILL BE TREATED AS CONFIDENTIAL AND PART OF AN OFFICIAL LAW ENFORCEMENT INVESTIGATION, EXEMPT FROM PUBLIC DISCLOSURE. *RELEASE OF SOCIAL SECURITY NUMBER IS REQUESTED TO ALLOW ITS USE AS AN INVESTIGATIVE TOOL. FAILURE TO PROVIDE THIS INFORMATION WILL NOT RESULT IN ANY PENALTY.

IN CASES OF PARENTAL ABDUCTIONS, A COPY OF THE COURT CERTIFIED ORDER STATING THAT THE REPORTING PARENT HAS CUSTODY MUST BE ENCLOSED. (NOTE: IF IT IS REQUESTED THAT THE NON-CUSTODIAL PARENT'S PHOTOGRAPH BE INCLUDED IN THE BULLETIN, A COPY OF A COURT-CERTIFIED FELONY WARRANT, WHICH IS PRESENTLY IN IDACS/NCIC MUST BE MADE AVAILABLE TO THE CLEARINGHOUSE PRIOR TO PUBLICATION OF THE PHOTOGRAPH.

PARENT/GUARDIAN CONSENT

I SWEAR UNDER PENALTY OF PERJURY THAT I AM THE PARENT OR LEGAL GUARDIAN OF THE CHILD DESCRIBED IN THIS REPORT, AND THAT MY RIGHT TO THE CUSTODY OF SAID CHILD HAS NOT BEEN TERMINATED OR LIMITED BY THE ORDER OR DECREE OF ANY COURT OF LAW. I HEREBY AUTHORIZE THE INDIANA STATE POLICE, OR ANY OFFICER OR EMPLOYEE THEREOF, OR OFFICER OR EMPLOYEE OF ANY OTHER CRIMINAL JUSTICE AGENCY, TO DISSEMINATE THE INFORMATION CONTAINED IN THIS REPORT, INCLUDING PHOTOGRAPH, TO ANY PERSON OR ORGANIZATION ENGAGED DIRECTLY OR INDIRECTLY IN ANY EFFORT TO ASSIST IN THE LOCATION OF MISSING CHILDREN.

I FURTHER CERTIFY THAT THE INFORMATION IN THIS REPORT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

CURRENT DATE (mm/dd/yy):

PARENT/GUARDIAN PRINTED NAME:

PARENT/GUARDIAN SIGNATURE:

CLEARINGHOUSE USE ONLY

DATE RECEIVED	ENTERED INTO IDACS/NCIC	YES	NO	CANCELLED	YES	NO
DATE ENTERED INTO CLEARINGHOUSE DATABASE						
DATE REMOVED FROM CLEARINGHOUSE DATABASE						
DATE PUBLISHED						
DISPOSITION						