



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
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Section E: Vehicle Information

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

