Horicon Police Department
Missing Person Certification Form

Date Reported_____ **Incident #**_____

In order to reassure that the rights of privacy of individuals will not be violated; The National Crime Information Center (NCIC) requires that the law enforcement agency have **in its possession** written documentation certifying that one of the four following conditions exist prior to entering a missing person into NCIC records:

1. The person I am reporting as missing is under proven physical/mental disability or is senile, thereby subjecting himself/herself or others to personal and immediate danger.
2. The person I am reporting as missing is missing under circumstances indicating that the disappearance was not voluntary.
3. The person I am reporting as missing is in the company of another person under circumstances indicating that his/her physical safety is in danger.
4. The person I am reporting as missing is under the age of 18 and whose custody and control is vested in me. Further, that said missing person does not meet any of the criteria set forth in numbers 1, 2 and 3 above.

I hereby declare that:

Type of missing person (circle one)

D---Disability I---Involuntary E---Endangered J---Juvenile V---Disaster Victim

Name
Last: _____ First:_____ Middle:_____
Suffix:_____

Sex: Male Female **Race:** White Black Unknown Alaskan American Indian Asian

Date of Birth: _____ **Juvenile Date of Emancipation**_____

State of Birth: _____**Height:** _____**Weight:** _____

Eye Color: Blue Brown Black Gray Green Hazel Maroon Pink Unknown

Hair Color: Black Brown Blond Red White Sandy Gray Unknown

Scars, Marks or Tattoos: _____

Social Security Number: _____ **Circumcised:** Yes No

Drivers License # or Identification #:_____**State:** _____

Fingerprint Class:_____ **Footprints Available:** Yes No

Blood Type: A Pos A Neg B Pos B Neg AB Pos AB Neg O Pos O Neg

Date of Last Contact: _____

Does the person have corrected vision? Yes No **Glasses** **Contact Lenses**

Wearing apparel & jewelry description: _____
_____
_____
_____

License Plate and Vehicle Information

License Plate #_____**State**_____**Expires**_____**Type**_____

Vehicle Make_____**Model**_____**Style**_____**Color**_____

VIN_____

Other Information

Complainant's Name_____ **Telephone #**_____

Complainant's Address_____

Relationship to Missing Person_____

Signature_____ **Witnessed by** _____

Dated _____

I hereby acknowledge that if said missing person is a juvenile, I am responsible for transporting said juvenile from the place of location to his/her residence and upon notification of the whereabouts of said individual, I will make arrangements for safe transportation. Being the parent or legal guardian or legal custodian of said juvenile, I hereby authorize temporary detainment pursuant to applicable Wisconsin Statutes.

Signature _____