



POLICE DEPARTMENT

Adrian J. Bump
CHIEF OF POLICE

MISSING JUVENILE REPORT

Case # _____
DATE/TIME CHILD NOTICED MISSING _____ DATE/TIME REPORTED _____

CHILD'S NAME (First, Middle, Last) _____ HOME ADDRESS _____

RACE _____ SEX _____ AGE _____ DOB _____ HT _____ WT _____ HAIR _____ EYES _____ SCHOOL & GRADE _____

SS # _____ Alias/Nickname(s) _____

LAST SEEN WEARING:

SCARS/BIRTHMARKS/TATTOOS/PIERCING/BRACES:

OTHER IDENTIFYING FACTORS:

MODE OF TRAVEL: _____ VEHICLE YEAR: _____ MAKE: _____ MODEL: _____ LICENSE: _____
COLOR: _____ OTHER DISTINGUISHING CHARACTERISTICS: _____

PARENT/GUARDIAN INFORMATION:

1: _____
NAME ADDRESS

RELATIONSHIP TO CHILD _____ HOME PHONE NUMBER _____ DOB _____

2: _____
NAME ADDRESS

RELATIONSHIP TO CHILD _____ HOME PHONE NUMBER _____ DOB _____

PARENT/GUARDIAN EMPLOYMENT:

1: _____
BUSINESS NAME AND ADDRESS BUSINESS PHONE

2: _____
BUSINESS NAME AND ADDRESS BUSINESS PHONE

REASON CHILD LEFT: _____

HAS YOUR CHILD EVER RUN AWAY? ___NO ___YES Times reported to police? _____ Not reported to police? _____

HAVE YOU SUSPECTED YOUR CHILD HAS BEEN SNEAKING OUT AT NIGHT? _____NO _____YES

IN THE PAST NINETY (90) DAYS HAVE YOU NOTICED OR SUSPECTED ANY OF THE FOLLOWING ABOUT YOUR CHILD?
(Check all that apply to your child)

___ Skipping School	___ Change of Friends	___ Change in Music Tastes
___ Grades Have Fallen	___ Change in Behavior	___ Change in Dress Style
___ Increase in Tardiness	___ Change in Personality	___ Alcohol or Drug Use
___ Tired A Lot	___ Suicidal	___ Mental Health Issues
___ Prescription Medications	Other Concerns: _____	

LISTS OF PLACES YOUR CHILD FREQUENTS:

1: _____

2: _____

3: _____

LISTS OF FRIENDS OR ASSOCIATES (NAME, ADDRESS AND PHONE NUMBER, PARENTS NAME AND PHONE NUMBER)

1: _____

2: _____

3: _____

SOCIAL MEDIA SITES FREQUENTED: _____

CHILDS CELL PHONE #: _____ CARRIER: _____ EMAIL: _____

TWO (2) OTHER PERSONS YOUR CHILD CAN BE RELEASED TO:

NAME	ADDRESS	PHONE
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NAME	ADDRESS	PHONE
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I understand that the information listed in this report will be entered into Police Information Computer Systems and any agency making an inquiry of these computers will receive a reply that the person is missing or a runaway.

The person I am reporting as missing is under the age of 18 and their custody and control is vested to me. As the parent/legal guardian of the juvenile, I hereby authorize temporary detainment pursuant to applicable Wisconsin State Statutes when located.

I certify that the above information is correct and understand that I will be responsible for his/her return transportation when located. I also accept responsibility to notify Fort Atkinson Police if/when the child returns home of own free will.

Signature of Parent/Guardian

Date

Signature of Officer

Date

Entered NCIC Y / N Date Entered: _____ Entered By: _____

NCIC Cancellation Date: _____ Cancelled By: _____