



DEPARTMENT OF PUBLIC SAFETY
Endangered Person Advisory Report Form



MPCH Number:				Case Agency:			
Date:				Time:			
				Call Taken By:			
CALLERS INFORMATION:							
Relationship to Missing: _____							
NAME (Last, First, Middle) _____							
ADDRESS: (street, apt, etc.) _____							
City, State, ZIP _____							
Contact Phone #'s: Home: _____ Work: _____ Cell: _____							
MISSING CATEGORY:		Non Family Abduction: <input type="checkbox"/>		Parental Abduction: <input type="checkbox"/>		Runaway: <input type="checkbox"/>	
		Adult (18 years or over) <input type="checkbox"/>		Other <input type="checkbox"/> Explain: _____			
NCIC CRITERIA:		Disability: <input type="checkbox"/>		Endangered: <input type="checkbox"/>		Involuntary: <input type="checkbox"/>	
		Catastrophe Victim <input type="checkbox"/>		Caution Code: _____		Juvenile: <input type="checkbox"/>	
						Other: _____	
<input type="checkbox"/> AMBER Alert Activated		<input type="checkbox"/> SILVER Alert Activated			<input type="checkbox"/> BRITTANY Alert Activated		
MISSING PERSON INFORMATION:							
NAME (Last, First, Middle)							
Date Missing:				Time: _____ AM/PM			
Age:		Race:		Male <input type="checkbox"/> Female <input type="checkbox"/>		Height _____ Weight: _____	
Eye color:		Hair color:			Skin:		
Social Security #:			DOB:		Place of Birth:		
OL Number, Year, State): _____							
Blood type:		Fingerprints available: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, where: _____					
Dental Records Available? Yes <input type="checkbox"/> No <input type="checkbox"/>				Medical Records Available? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Scars / Marks / Tattoos: _____							
Distinguishing Features/Unique Characteristics (limp, jewelry, glasses, etc.): _____ _____							
Mental State (depressed, suicidal, etc.): _____							
Location last seen (address, city, state: _____							



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Possible Destination (city, state):			
Last seen wearing:			
Hobbies & interests:			
VEHICLE LAST SEEN IN: License Plate Number: State:			
Color:	Year:	Make:	Model:

ABDUCTORS / COMPANIONS INFORMATION:					
NAME (Last, First, Middle)					
Aliases:					
Male: <input type="checkbox"/> Female: <input type="checkbox"/>		Relationship:			
Date of Birth:			Social Security Number:		
HAIR:	Color:	Dyed: Yes <input type="checkbox"/> No <input type="checkbox"/>	Length:	Style:	
EYES:	Color:	Glasses/Contacts: Yes <input type="checkbox"/> No <input type="checkbox"/>			
Height:	Weight:	Build:	Right Handed: <input type="checkbox"/>	Left Handed: <input type="checkbox"/>	
Fingerprints available: Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, where?			
Race:			Blood Type:		
Distinguishing Features:					
Additional Information:					
Forward a copy of this report to:			Department of Public Safety Missing Person's Information Clearinghouse Law Enforcement Records Bureau (LERB) P.O. Box 1628 Santa Fe, New Mexico 87504-1628 1-800-HLP-FIND (457-3463) and/or 505-827-9293 Fax # 505-827-3399 EMAIL: DPS.MissingPerson@state.nm.us		