

## MIDLAND COUNTY MISSING PERSON REPORT FORM

Classification of entry (Check one)

- A person of any age who is missing and under proven physical disability or mental disability or senile who may subject himself or other to personal and or immediate danger. (Law Enforcement- If under 18 yrs. Review Amber Alert checklist.)
- A person of any age who is missing under circumstances indicating that the disappearance was not voluntary. (Law Enforcement- If under 18 yrs. Review Amber Alert checklist)
- A person of any age who is in the company of another person under circumstances indicating that their physical safety is in danger. (Law Enforcement- If under 18 yrs, review Amber Alert Checklist.)
- A person who is declared a juvenile (up to age 16) and does not come under any of the circumstances mentioned in any of the above or a Voluntary Missing Person aged 17-21.

|  |            |                           |                                 |                                     |  |                                    |                   |
|--|------------|---------------------------|---------------------------------|-------------------------------------|--|------------------------------------|-------------------|
| <b>COUNTY</b> <span style="float: right;"><b>MIDLAND</b></span>                              |            |                           |                                 | <b>INCIDENT NUMBER</b>              |  |                                    |                   |
| <b>TOWNSHIP</b>  |            |                           |                                 | <b>FILE CLASS</b>                   |  |                                    |                   |
| <b>LAST NAME OF MISSING PERSON (FIRST) (INITIAL)</b>   |            |                           |                                 | <b>ALIAS/ NICKNAME/ MAIDEN NAME</b> |  |                                    |                   |
| <b>RACE</b>  | <b>SEX</b> | <b>HEIGHT</b><br>FT. IN.  | <b>WEIGHT</b><br>LBS.           | <b>HAIR COLOR</b>                   | <b>EYE COLOR</b>                       | <b>DATE OF BIRTH</b>               | <b>AGE</b>        |
| <b>ADDRESS</b>   |            | <b>CITY</b>               |                                 | <b>STATE</b>                        |  | <b>ZIP CODE</b>                    |                   |
| <b>DRIVERS LICENSE NUMBER AND STATE</b>  |            |                           | <b>SOCIAL SECURITY NUMBER</b>   |                                     | <b>PLACE OF BIRTH (CITY AND STATE)</b> |                                    |                   |
| <b>LOCATION LAST CONTACTED</b>   |            |                           | <b>DATE</b>                     | <b>TIME</b>                         |  | <b>MISSING PERSON'S BLOOD TYPE</b> |                   |
| <b>IF PREGNANT, HOW LONG</b>   |            |                           | <b>OCCUPATION</b>               | <b>WHERE EMPLOYED</b>               |  | <b>MARITAL STATUS</b>              |                   |
| <b>MAKE OF VEHICLE</b>   |            | <b>COLOR (TOP/BOTTOM)</b> |                                 | <b>LICENSE NUMBER/STATE</b>         |  | <b>YEAR</b>                        | <b>BODY STYLE</b> |
| <b>PERSON MISSING BEFORE?</b><br><input type="checkbox"/> YES<br><input type="checkbox"/> NO |            |                           | <b>WHEN (DATE AND LOCATION)</b> |                                     | <b>WHERE LOCATED</b>                   |                                    |                   |

### CHECK THE APPROPRIATE DESCRIPTIONS

|   |   |   |   |   |   |
|---|---|---|---|---|---|
| <b>BODY SCARS</b><br><input type="checkbox"/> HAND, LEFT<br><input type="checkbox"/> HAND, RIGHT<br><input type="checkbox"/> WRIST, LEFT<br><input type="checkbox"/> WRIST, RIGHT<br><input type="checkbox"/> ARM, LEFT<br><input type="checkbox"/> ARM, RIGHT<br><input type="checkbox"/> NECK<br><input type="checkbox"/> CHEST<br><input type="checkbox"/> STOMACH<br><input type="checkbox"/> BACK<br><input type="checkbox"/> LEG, LEFT<br><input type="checkbox"/> LEG, RIGHT<br><input type="checkbox"/> FOOT, LEFT<br><input type="checkbox"/> FOOT, RIGHT<br><input type="checkbox"/> NONE<br><input type="checkbox"/> OTHER _____ | <b>TATTOOS</b><br><input type="checkbox"/> FINGERS, LEFT<br><input type="checkbox"/> FINGERS, RIGHT<br><input type="checkbox"/> HAND, LEFT<br><input type="checkbox"/> HAND, RIGHT<br><input type="checkbox"/> ARM, LEFT<br><input type="checkbox"/> ARM, RIGHT<br><input type="checkbox"/> CHEST<br><input type="checkbox"/> LEG, LEFT<br><input type="checkbox"/> LEG, RIGHT<br><input type="checkbox"/> NOSE<br><input type="checkbox"/> NONE<br><input type="checkbox"/> OTHER _____<br>DESCRIBE TYPE : | <b>AMPUTATIONS</b><br><input type="checkbox"/> FINGERS, LEFT<br><input type="checkbox"/> FINGERS, RIGHT<br><input type="checkbox"/> HAND, LEFT<br><input type="checkbox"/> HAND, RIGHT<br><input type="checkbox"/> ARM, LEFT<br><input type="checkbox"/> ARM, RIGHT<br><input type="checkbox"/> LEG, LEFT<br><input type="checkbox"/> LEG, RIGHT<br><input type="checkbox"/> FOOT, LEFT<br><input type="checkbox"/> FOOT, RIGHT<br><input type="checkbox"/> EAR(S)<br><input type="checkbox"/> NONE | <b>EYE DEFECTS</b><br><input type="checkbox"/> BULGING<br><input type="checkbox"/> CROSSED<br><input type="checkbox"/> DIFFERENT COLORS<br><input type="checkbox"/> MISSING OR GLASS EYE<br><input type="checkbox"/> SQUINTS, BLINKS<br><input type="checkbox"/> GLASSES/CONTACTS<br><input type="checkbox"/> CONTACTS<br><input type="checkbox"/> SLANTED<br><input type="checkbox"/> NONE<br><input type="checkbox"/> OTHER _____ | <b>DEFORMITIES</b><br><input type="checkbox"/> CRIPPLED FINGERS<br><input type="checkbox"/> CRIPPLED HAND<br><input type="checkbox"/> CRIPPLED ARM, LEFT<br><input type="checkbox"/> CRIPPLED ARM, RIGHT<br><input type="checkbox"/> CRIPPLED LEG<br><input type="checkbox"/> BOW-LEGGED<br><input type="checkbox"/> HUNCHBACK<br><input type="checkbox"/> NONE<br><input type="checkbox"/> OTHER _____ |   |
| <b>BUILD</b><br><input type="checkbox"/> SLENDER<br><input type="checkbox"/> MEDIUM<br><input type="checkbox"/> HEAVY, STOCKY<br><input type="checkbox"/> MUSCULAR  | <b>COMPLEXION</b><br><input type="checkbox"/> FAIR<br><input type="checkbox"/> RUDDY<br><input type="checkbox"/> SWARTHY<br><input type="checkbox"/> LIGHT<br><input type="checkbox"/> MEDIUM<br><input type="checkbox"/> DARK  | <b>FACIAL HAIR</b><br><input type="checkbox"/> BEARD<br><input type="checkbox"/> GOATEE<br><input type="checkbox"/> MUSTACHE<br><input type="checkbox"/> MUSTACHE, CHINESE<br><input type="checkbox"/> NONE   | <b>HAIR TYPE</b><br><input type="checkbox"/> BALD<br><input type="checkbox"/> PART BALD<br><input type="checkbox"/> FLAT TOP<br><input type="checkbox"/> PROCESSED<br><input type="checkbox"/> LONG, BELOW SHOULDERS<br><input type="checkbox"/> LONG SIDEBURNS<br><input type="checkbox"/> SHORT, ABOVE SHOULDERS  | <b>TEETH</b><br><input type="checkbox"/> PROTRUDING<br><input type="checkbox"/> IRREGULAR<br><input type="checkbox"/> GOLD<br><input type="checkbox"/> STAINED, DECAYED<br><input type="checkbox"/> MISSING<br><input type="checkbox"/> GAPS<br><input type="checkbox"/> CHIPPED<br><input type="checkbox"/> GOOD<br><input type="checkbox"/> FALSE   | <b>SPEECH</b><br><input type="checkbox"/> FOREIGN/BROKEN<br><input type="checkbox"/> SPANISH<br><input type="checkbox"/> ACCENT/SOUTHERN<br><input type="checkbox"/> MUMBLES/IMPEDIMENT<br><input type="checkbox"/> LISPING<br><input type="checkbox"/> STUTTERING<br><input type="checkbox"/> MUTE |



AMBER ALERT OF MICHIGAN  
URGENT MISSING CHILD NOTICE

Fax to 866-678-5678 (Michigan State Police)

AMBER ALERT



OF MICHIGAN

ORIGINAL  UPDATE  RECOVERY

**MISSING PERSON:**

Name \_\_\_\_\_ YES  NO   
*Last First Middle*

Parent/Guardian Consent  
(For use of name only)

DOB/Age \_\_\_\_\_ Race \_\_\_\_\_ Sex \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Eye \_\_\_\_\_ Hair \_\_\_\_\_

Any other identifiers (scars, marks, tattoos, etc.) \_\_\_\_\_

Clothing \_\_\_\_\_

**TYPE OF ENDANGERMENT:**

**ALLEGED ABDUCTOR:**

DOB/Age \_\_\_\_\_ Race \_\_\_\_\_ Sex \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Eye \_\_\_\_\_ Hair \_\_\_\_\_

Any other identifiers (scars, marks, tattoos, etc.) \_\_\_\_\_

Clothing \_\_\_\_\_

**VEHICLE:**

Make \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_ Year \_\_\_\_\_ License Plate \_\_\_\_\_

Last seen at \_\_\_\_\_ (time/date) in \_\_\_\_\_ (city/village, street)

Suspected vehicle or abductor headed in \_\_\_\_\_ (direction of travel)

Do **NOT** contact this radio station! Do **NOT** try to apprehend the alleged abductor or victim. If you see the suspected vehicle or abductor, immediately contact 911 or: \_\_\_\_\_  
(Name and telephone number of reporting Law Enforcement Agency)

**LAW ENFORCEMENT AGENCY:**

\_\_\_\_\_ Date \_\_\_\_\_

Time received call \_\_\_\_\_ Time faxed to State Police \_\_\_\_\_

**STATE POLICE OPERATIONS:**

Time received fax \_\_\_\_\_ Time faxed to media \_\_\_\_\_

**MEDIA (Station Name):**

\*Media - Please fax the original, any updates and the recovery fax sheets to the following 616-789-1304 (Amber Alert of Michigan).

Time received fax \_\_\_\_\_ Time of initial broadcast \_\_\_\_\_

Number of subsequent broadcasts \_\_\_\_\_



# What You Need To Know



AMBER ALERT



AMAB



OF MICHIGAN

## WHAT IS AMBER ALERT OF MICHIGAN

Amber Alert of Michigan is a non-profit organization dedicated to being a liaison between law enforcement and the media to help in the immediate dissemination of information to the public about an endangered missing child. Amber Alert of Michigan is supported by the Michigan Department of State Police, the Michigan Sheriff's Association, the Michigan Association of Chiefs of Police and the Michigan Association of Broadcasters.

## HOW DO I ACTIVATE AMBER ALERT OF MICHIGAN

1. A missing person under the age of 18 years old must be reported to law enforcement.
2. The missing person's life, health and safety must be at risk (endangered) as a result of the disappearance.
3. There must be a complete description of the missing person for dissemination to the public (age, race, sex, height, weight, hair color, eye color, clothing, etc.)
4. Amber Alert of Michigan will only disseminate the name of the missing person with written parental consent. Activation's can occur without the name of the missing person, utilizing only the description.
5. A "Urgent Missing Child Notice" must be completed and faxed to the Michigan Department of State Police at 866-678-5678 to activate Amber Alert of Michigan.

FOR MORE INFORMATION CONTACT  
MICHIGAN STATE POLICE (517) 333-4006