MISSING PERSON/RUNAWAY CERTIFICATION

IN ORDER TO REASSURE THE RIGHT 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 six following conditions exists 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 his or her physical safety is in danger.
- **4.** The person I am reporting as missing is under the age of 21 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.
- 5. The person I am reporting as missing is missing after a catastrophe, but not confirmed to be dead.
- **6.** The person I am reporting as missing is over the age of 21, not meeting the criteria for entry in any other category, who is missing and for whom there is reasonable concern for his/her safety.

| NAME | | | | | BIR' | ΓHDATE | : |
|-------------|---------------------|--|---------------------|---------------------|------------------|----------|-------------|
| La | ast | First | | Middle | Suffix | | |
| SEX | RACE | SKINTONE | HEIGHT | WEIGHT_ | EYE _ | | HAIR |
| ADDRESS | 1 | | | | | | |
| | | | • | | | | Zip Code |
| D.L. STAT | E DRIV | ER'S LICENSE NUMBER | | | D.L. EXP | IRES | |
| SCARMAI | RK/TATTOOS | | | | S | SN | |
| BLOOD T | YPE | DENTAL RECORDS Y/ | N FOOTPRI | NTS Y/N I | BODY XRAYS | Y / N | GLASSES Y/N |
| REMARKS | S/CLOTHING DESC | CRIPTION | | | | | |
| | | | | | | | |
| | | t is helpful to disseminate sesseminate posters with | | | • | | e have your |
| | | ABOVE PERSON IS M BE ENTERED INTO TE | | | | VE ANI | O I REQUEST |
| Print name | e (sign below) | | | Relationship | | _ Date _ | <u>-</u> |
| Address _ | | | | Phone | Number (|) | |
| This will a | assist law enforcem | ent agencies nationwide i | in locating him/her | r and authorizes th | nese agencies to | detain l | nim/her and |

This will assist law enforcement agencies nationwide in locating him/her and authorizes these agencies to detain him/her and notify the Reporting Law Enforcement Agency immediately. I further 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 immediately make arrangements for safe transportation, including cost of return. BEING THE PARENT OR LEGAL GUARDIAN OR LEGAL CUSTODIAN of said juvenile, I hereby authorize temporary detainment pursuant to applicable Wisconsin Statutes. I also understand it is my obligation to promptly inform the Reporting Law Enforcement Agency when he/she returns or is located, and failure to provide this notice could result in him/her being detained after he/she returns or is located. If he/she is determined to be a runaway, I authorize the Reporting Law Enforcement Agency, at their discretion, to release his/her name to the BOYS AND GIRLS CLUB OF THE FOX VALLEY, who may be contacting me to offer services and assistance to my family and me. Should he/she be a runaway from a group home or Outagamie Shelter Care, I authorize their staff to report him/her as a runaway.

| Signature | |
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Incident :