

1. CLASSIFICATION (Check One) <input type="checkbox"/> MISSING 6050 <input type="checkbox"/> FOUND 6055	FOLLOW-UP <input type="checkbox"/> ND	2. AGE GROUP <input type="checkbox"/> 14-16 <input type="checkbox"/> 17-20 <input type="checkbox"/> 0-13 <input type="checkbox"/> OVER 20	3. DATE LAST SEEN	TIME	4. BEAT/UNIT ASSIGN.	5. BEAT OCCUR.
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6. EVER MISSING BEFORE <input type="checkbox"/> YES <input type="checkbox"/> NO	HOW MANY TIMES	WHEN (DATE)	HOW LONG	WHERE LOCATED - HOW LOCATED	7. DATE REPT.G.OFFICER ARRIVED- TIME
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SUBJECT'S DESCRIPTION

8. NAME <input type="checkbox"/> CORRECTION		9. SEX/RACE/AGE CODE		DATE OF BIRTH		10. PLACE OF BIRTH		11. SOCIAL SECURITY NO.		12. HOME PHONE	
13. MAIDEN NAME - NICKNAME - ALIAS - AKA				14. HOME ADDRESS				FLOOR - APT. NO.		15. BUSINESS PHONE	
16. HEIGHT	17. WEIGHT	18. BUILD	19. COLOR HAIR - HOW WORN		20. EYES	21. COMPLEXION	22. SKIN DISORDERS	23. SCARS - TATTOOS (DESCRIBE)			
24. FACIAL HAIR <input type="checkbox"/> SIDEBURNS <input type="checkbox"/> BEARD <input type="checkbox"/> MUSTACHE		25. MEDICAL/PHYSICAL ABNORMALITIES (DESCRIBE; INCL. PRESCRIBED MEDICATION)				26. UNUSUAL MENTAL STATE		27. CONDITION WHEN LAST SEEN <input type="checkbox"/> HBD <input type="checkbox"/> OTHER (DESCRIBE) <input type="checkbox"/> NARCOTICS			
28. DESCRIBE ALL CLOTHING WORN (HAT, COAT, JACKET, SHIRT, PANTS, SHOES, ETC.)						29. IF CARRIED BY SUBJECT: DESCRIBE JEWELRY, LUGGAGE, MONEY					

30. VEH. USED BY SUBJECT	YR.	MAKE	BODY STYLE	COLOR	STATE LICENSE NO.	STATE - YEAR EXPIR.	OTHER IDENTIFYING MARKS
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31. PERSONAL HABITS <input type="checkbox"/> USES NARCOTICS <input type="checkbox"/> OTHER <input type="checkbox"/> DRINKS <input type="checkbox"/> GAMBLES		32. INTERESTS	33. HOBBIES/PASTIMES		34. OTHER UNUSUAL HABITS	
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35. OCCUPATION <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME	36. WHERE EMPLOYED (FIRM NAME, ADDRESS)		HOW LONG	37. STUDENT <input type="checkbox"/> YES <input type="checkbox"/> NO	NAME OF SCHOOL
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38. OTHER OCCUPATIONS (DESCRIBE)	39. RELIGIOUS AFFILIATIONS (INCL. CULTS, SECTS, ETC.)	40. ATTENDING - NAME OF CHURCH/TEMPLE		ADDRESS
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41. MEMBERSHIPS (CLUBS, GANGS, ORGANIZATIONS, ETC.)		42. PLACES FREQUENTED ("HANG-OUTS") - NAME & ADDRESS			
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43. CLOSE FRIENDS/ASSOCIATES - NAME, AKA, ADDRESS		44. WITH WHOM/BY WHOM WAS SUBJECT LAST SEEN (if different explain in Narrative)		45. SUBJECT MISSING FROM (ADDRESS)	
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46. COMPLAINANT - NAME	RELATIONSHIP	COMPLAINANT'S ADDRESS	HOME PHONE	BUSINESS PHONE	TIME AVAILABLE
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47. AVAIL-ABLE	PHOTOGRAPHS <input type="checkbox"/> YES <input type="checkbox"/> NO	DENTAL RECORDS <input type="checkbox"/> YES <input type="checkbox"/> NO	MEDICAL RECORDS <input type="checkbox"/> YES <input type="checkbox"/> NO	FINGERPRINTS <input type="checkbox"/> YES <input type="checkbox"/> NO	48. FINGERPRINT CLASSIFICATION
	DRIVERS LICENSE NO., STATE I.D. NO., OR OTHER IDENTIFYING DOCUMENT				

FOUND PERSON	NOTIFICATION OF MISSING PERSONS SECTION
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49. TYPE OF LOCATION/PREMISES WHERE OCCURRED OR SUBJECT FOUND	50. SUBJECT'S CONDITION	55. PERSON NOTIFIED	TIME
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51. CAUSE OF INJURY (INSTRUMENTS/MEANS)	52. REASON (ACCIDENT, ILL HEALTH, ETC.)	56. NOTIFICATION MADE BY	STAR NO.
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53. REMOVED BY	54. REMOVED TO	57. FLASH MESSAGE SENT - <input type="checkbox"/> NO <input type="checkbox"/> YES - C.O.S. NO.	DATE
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58. STATUS (CHECK ONE) <input type="checkbox"/> SUSPENDED <input type="checkbox"/> PROGRESS <input type="checkbox"/> CLOSED - NON CRIMINAL	59. C.B. NO./Y.D. NO./J.D.A. NO.	UNIT	60. DATE OF EMANCIPATION (if law)	61. CORRECTIONS - LIST BOX NOS.
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62. N.C.I.C./LEADS REQUIRED INFORMATION

<input type="checkbox"/> THE PERSON DESCRIBED ABOVE IS MISSING <input type="checkbox"/> IF THE MISSING PERSON IS LOCATED BEYOND CITY LIMITS, I (COMPLAINANT) AGREE TO ARRANGE FOR HIS RETURN TRANSPORTATION AT MY COST.		CHECK IF APPLICABLE <input type="checkbox"/> DISABILITY <input type="checkbox"/> ENDANGERED <input type="checkbox"/> JUVENILE <input type="checkbox"/> INVOLUNTARY	
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I CONFIRM THE ABOVE INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE.	COMPLAINANT'S SIGNATURE	<input type="checkbox"/> WARD OF STATE	DATE
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63. REPORTING OFFICER (PRINT)	STAR NO.	OFFICER'S SIGNATURE	EXTRA COPIES REQUIRED	<input type="checkbox"/> CONTINUED ON REVERSE SIDE
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64. REPORTING OFFICER (PRINT)	STAR NO.	OFFICER'S SIGNATURE	DATE INVEST. COMPLETED	TIME
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65. SUPERVISOR APPROVING (PRINT NAME)	STAR NO.	APPROVAL SIGNATURE	DATE APPROVED	TIME
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66. RD. NO.

1. CHICAGO POLICE DISTRICT			2. CHICAGO POLICE BEAT			4. BEAT/UNIT ASSIGN			5. BEAT OCCUR		
6. OCCURRENCE DATE			7. OCCURRENCE TIME			8. OCCURRENCE LOCATION			9. OCCURRENCE TYPE		
10. OCCURRENCE DESCRIPTION			11. OCCURRENCE STATUS			12. HOME PHONE			13. BUSINESS PHONE		
14. HOME ADDRESS			15. FLOOR - APT NO			16. R.D. NO			17. VICTIM INFORMATION NOTICE		

**VICTIM INFORMATION NOTICE
CHICAGO POLICE DEPARTMENT**

**THIS IS NOT AN OFFICIAL POLICE REPORT -
IT IS FOR INFORMATION PURPOSES ONLY**

R.D. NO

Your case will be on file with the Chicago Police Department under the above listed R.D. Number. Refer to this number whenever you are communicating with the Chicago Police Department concerning this incident. Your case will be assigned for follow-up investigation based upon specific facts obtained during the initial investigation. The presence of these facts can predict whether a comprehensive follow-up investigation would likely result in the arrest and prosecution of the suspect(s) or the recovery of property. Your case will be reviewed and retained to determine if criminals active in the area can be identified. *A detective will not routinely contact you unless additional information is required or your further assistance is needed.*

TO REPORT ADDITIONAL INFORMATION

If you have knowledge of specific facts which might help in the investigation of your case, contact the unit marked below:

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|--------------------------|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|
| | AREA 1 | AREA 2 | AREA 3 | AREA 4 | AREA 5 |
| FOR PROPERTY CRIMES | <input type="checkbox"/> 747-8382 | <input type="checkbox"/> 747-8273 | <input type="checkbox"/> 744-8263 | <input type="checkbox"/> 746-8253 | <input type="checkbox"/> 746-8362 |
| FOR VIOLENT CRIMES | <input type="checkbox"/> 747-8380 | <input type="checkbox"/> 747-8271 | <input type="checkbox"/> 744-8261 | <input type="checkbox"/> 746-8251 | <input type="checkbox"/> 746-8282 |
| FOR YOUTH INVESTIGATION | <input type="checkbox"/> 747-8385 | <input type="checkbox"/> 747-8276 | <input type="checkbox"/> 744-8266 | <input type="checkbox"/> 746-9259 | <input type="checkbox"/> 746-8365 |
| BOMB & ARSON (all Areas) | <input type="checkbox"/> 746-7619 | | | | |
| | | | AUTO THEFT (all Areas) | <input type="checkbox"/> 747-8254 | |

MISSING PERSONS LOCATED

When persons reported missing are located or have returned, the following unit must be notified **IMMEDIATELY**:

MISSING PERSONS SECTION 745-6052

TELECOMMUNICATION DEVICE FOR THE DEAF (TDD/TTY)

Hearing impaired persons who possess such equipment may communicate with the Chicago Police Department on a 24 hour a day basis by using the 746-9715. Hearing impaired persons in need of assistance during normal business hours may also contact their local police district or the Preventive Programs and Neighborhood Relations Division at 745-6885.

RECOVERY OF PROPERTY - STOLEN VEHICLE RECOVERED

The Chicago Police Department must be notified **IMMEDIATELY**, via the "9-1-1" emergency number, when:

- 1) property reported lost or stolen is recovered.
- 2) a vehicle reported stolen is recovered by someone other than a law enforcement agency.

NOTE: If you were unable to provide your current city/state license and vehicle identification numbers when you reported your vehicle stolen, you must obtain these numbers and immediately notify the Auto Theft Unit (listed above). Your vehicle cannot be recovered unless these numbers are on file with the Chicago Police Department. Upon recovery you will be notified by telephone or mail.

NOTICE TO COMPLAINANTS AND VEHICLE OWNERS REPORTING A STOLEN VEHICLE

Request for the Chicago Police Department to tow a recovered stolen vehicle upon recovery in Chicago will involve payment of towing and storage fees before the vehicle can be released. The option not to authorize towing of a recovered vehicle does not infer the recovered vehicle will not be towed and the owner will be obligated to pay towing and storage fees. If not impounded, no special protection will be afforded the vehicle.

CREDIT CARDS - CHECKS, LOST OR STOLEN

Immediately notify the concerned credit card issuer or bank by telephone to reduce the possibility of being liable for the unauthorized use of your lost or stolen credit card or check. It is suggested that you also inform the credit card issuer or bank in writing as a follow-up measure to ensure proper notification. Contact the 3 Credit Bureaus: Equifax (1-800-525-6285), Experian Information Solutions (1-800-301-7195), and Transunion Credit Bureau (1-800-680-7289).

COPY OF THE REPORT

The above listed R.D. Number may suffice for insurance purposes, however, there may be instances when a copy of the case report is desired. A copy of the case report which verifies that an incident of injury, loss or damage has been reported to the Chicago Police Department may be obtained after 14 working days from the date the incident was reported. To obtain a copy of the report, send a check or money order payable to the "DEPARTMENT OF REVENUE - CITY OF CHICAGO" in the amount of \$.50 and a self-addressed stamped return envelope to:

Chicago Police Department Headquarters, Records Inquiry Section, 1st Floor
3510 South Michigan Avenue, Chicago, IL 60653.

Include the following information with your request: 1) Victim's name and address (or person reporting crime), 2) Type of incident, 3) Address of occurrence, 4) R.D. Number.

ILLINOIS CRIME VICTIMS NOTIFICATION

Innocent victims of violent crime may be eligible to receive benefits from the Illinois Crime Victims Compensation Program for such costs as medical, funeral, loss of support and wage loss. **NO RECOVERY IS PROVIDED FOR PROPERTY LOSS OR DAMAGE, NOR FOR PAIN OR SUFFERING.** To apply or to determine whether one qualifies, the victim or, if deceased, a relative or dependent, must contact the Illinois Attorney General's Office.

Further information and claim forms can be obtained from:

Crime Victims Compensation Program, Office of the Attorney General of Illinois
100 West Randolph Street, 13th Floor, Chicago, IL 60601
Telephone: (312) 814-2581