



## Missing Person Questionnaire

### Reporting a Missing Person:

In an emergency, call 911.

In all other situations, dial non-emergency number:  
413-322-6900 to initiate a Missing Person Report.

After contacting Police to file a Missing Person Report, and prior to Police arrival please review and complete, as much as possible, of the following pages.

This will assist Police to conduct a Missing Person investigation thoroughly. Please provide as much accurate information as possible.

Provide a copy of this questionnaire to Police.

### **IMPORTANT NOTICE:**

This form alone is not to a missing person report.

The information collected on this form is confidential and will be used for the purpose of the Missing Person Report.  
The form will be appended to the Missing Person Report.



# Missing Person Questionnaire

Juvenile

Endangered

Runaway

Involuntary

Disabled

## Person Making Report Details

Reported by: Last Name   First Name		
Reported by: Address   Date of birth		
Phone   Email		

## Missing Person's Details

Last Name   First Name (Nickname)		
Address   Phone number		
Date of birth   Age   Gender		
Birthplace		
Build   Height   Weight		
Hair color   Length   Style		
Facial hair   Style		
Eye color   Corrected vision		
Glasses style   Type		
Ethnicity   Skin tone		
Scars, Tattoos, Piercings		
Communication skills   Languages spoken		

Clothing Description		
Outer layer		
Inner layer		
Headwear		
Footwear		
Jewelry		
Background Information		
Cell phone number   Service provider		
Social Security Number (SSN)		
Means of transportation		
Vehicle (Year   Make   Model)		
Social Media details (profiles, frequently visited websites, groups, chats, games) Emails and other methods of online communication		
Schools and/or Workplaces		
Medical / Counseling professionals		
DCF Custody? If yes, list Social Worker.		

Medical Details and Concerns		
Health conditions		
Allergies		
Medications and dosages		
Prescriptions and Pharmacy information		
History of drug use		
Known medical conditions		
Relevant Doctor   Phone number		
Known psychological issues		
Medication   Dosage   Frequency		
Dentist name   Phone number		

**Additional medications list / Consequence of loss of medication**

### Details related to disappearance

When were they last seen?	
Where were they last seen?	
Who was the last person to see and/or talk to the missing person?	
Any recent change in behavior?	
Recent conversations prior to disappearing?	
Have they experienced personal, familial or emotional difficulties?	
Are any notable items missing or left behind (passport, wallet, phone, computer, favorite possessions?)	
Any pets taken or left behind? (Provide details)	
Have they gone missing before? (Provide relevant details)	
Where were they located in the past?	

### Notes / Daily routine and habits / Hobbies and interests / Religion details

*By signing below, I am verifying that the above information is correct to the best of my knowledge. I authorize the release to the Holyoke Police Department, medical and dental records of the person reported missing. Additionally, I authorize the release of information to various social media outlets and news outlets.*

Signature

**X**

**\* POLICE USE ONLY \***

**The following pages are to be completed by the police officer.**

Complete the following pages in detail. Answer all questions that are applicable.

Confirm and verify the information contained in this form with reporting party. Once completed in its entirety, submit the form to the record's bureau.

**\* POLICE USE ONLY \***

Filing Details			
OCA #	MRI #	NCIC #	
Date   Time entered NCIC:	DATE:	TIME:	
Officer Info Name   ID   Division	NAME:	ID	DIV.
Record's Personnel Name   ID	NAME:	ID	
Photo Obtained?	<input type="checkbox"/> YES <input type="checkbox"/> NO		DATE TAKEN:

LOCATE			
Date located:			
Where was person located?			
School Follow-Up Notification:			
Parental Signature of located missing person:			
NCIC/CJIS UPDATED? ID OF CLERK	<input type="checkbox"/> YES	<input type="checkbox"/> NO	ID: <input type="text"/>

**Notes / Additional Items / Validations**