



# Owen Sound Police Service

## Missing Person Questionnaire

<b>Occurrence number:</b>			
<b>Name of Missing Person:</b>			
<b>Community missing from:</b>			
<b>Missing person type:</b>	<input type="checkbox"/> Lost	<input type="checkbox"/> Missing	<input type="checkbox"/> At Risk
	<input type="checkbox"/> Child	<input type="checkbox"/> Elderly	<input type="checkbox"/> Disability
	<input type="checkbox"/> Runaway	<input type="checkbox"/> Habitual or Chronic	<input type="checkbox"/> Foul Play Suspected
<b>Information obtained by:</b>		<b>Badge #:</b>	
<b>Date and time report prepared:</b>			

### Source of information

In person     Telephone

Informant's name		Date of birth
Home address		
Business address		
Home phone	Business phone	Cell phone
Relationship to missing person		
When and where was missing person last seen?		
What does informant believe has happened?		
Where / how can the informant be reached?		

### Missing Person information

Male     Female

Surname	Given names	Nicknames / Aliases
Date of birth	Age	Place of birth
Home address		How long at this address?

Business name and address		
School name and address		
Home phone	Business / School phone	Cell phone
Email address (personal)	Email address (work)	Cell Phone Provider (Bell, Telus?)
Previous address		
How long did subject live at previous address?		
Does subject have access to a personal computer? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		

### Missing Person – relevant issues / cautions

Mental, emotional, suicidal, medical, physical, other (circle and explain below i.e. if disability / dependency)

### Physical description

Photo available?  Yes  No  Being obtained

<b>Height</b>	<b>Weight</b>	<b>Race</b>
<b>Build</b>		
<input type="checkbox"/> Slender/Petite	<input type="checkbox"/> Medium/Average	<input type="checkbox"/> Muscular/Stocky
		<input type="checkbox"/> Heavy/Large
<b>Complexion</b>		
<input type="checkbox"/> Light/Fair	<input type="checkbox"/> Tan	<input type="checkbox"/> Olive
<input type="checkbox"/> Clear skin	<input type="checkbox"/> Pockmarked	<input type="checkbox"/> Freckles
	<input type="checkbox"/> Moles	<input type="checkbox"/> Medium dark
		<input type="checkbox"/> Very dark
<b>Eyes</b>		
<input type="checkbox"/> Brown	<input type="checkbox"/> Blue	<input type="checkbox"/> Hazel
<input type="checkbox"/> Glasses	<input type="checkbox"/> Contacts	<input type="checkbox"/> Coloured contacts
		<input type="checkbox"/> Grey
		<input type="checkbox"/> Green
		<input type="checkbox"/> Black
		<input type="checkbox"/> Pink/Red
		<input type="checkbox"/> Cross-eyed
		<input type="checkbox"/> Lazy eye
<b>Hair colour</b>		
<input type="checkbox"/> Blonde	<input type="checkbox"/> Brown	<input type="checkbox"/> Red
	<input type="checkbox"/> Black	<input type="checkbox"/> Gray
	<input type="checkbox"/> White	<input type="checkbox"/> Other:
<b>Hairstyle</b>		
Length: <input type="checkbox"/> Short	<input type="checkbox"/> Shoulder	<input type="checkbox"/> Long
	<input type="checkbox"/> Extensions	
<input type="checkbox"/> Bald/Balding	<input type="checkbox"/> Shaved	<input type="checkbox"/> Short
<input type="checkbox"/> Parted right	<input type="checkbox"/> Parted left	<input type="checkbox"/> Parted centre
	<input type="checkbox"/> Unkempt	<input type="checkbox"/> Ponytail/Braided
	<input type="checkbox"/> Long	<input type="checkbox"/> Straight
	<input type="checkbox"/> Wavy	<input type="checkbox"/> Curly
	<input type="checkbox"/> Afro	
<b>Facial hair</b>		
<input type="checkbox"/> Clean-shaven	<b>Beard:</b> <input type="checkbox"/> Full	<input type="checkbox"/> Partial
	<input type="checkbox"/> Goatee	<b>Moustache:</b> <input type="checkbox"/> Yes
		<input type="checkbox"/> No
<b>Facial features</b>		
<input type="checkbox"/> Thin/sharp features	<input type="checkbox"/> Chubby/rounded features	<input type="checkbox"/> Other:

**Teeth**

Good    Irregular/Crooked    Visible missing    Visible decay    Visible stained    Gaps  
 Protruding upper    Protruding lower    False upper    False lower    Braces    Retainer

**Speech**

Accent: \_\_\_\_\_ (indicate type)    Stutter    Lisp    Sign language  
 Languages spoken: \_\_\_\_\_

**Marks, scars, tattoos, amputations, piercings, outstanding features** (circle and describe)

**Clothing description**

Replicas available?    Yes    No    Being obtained  
 Civilian clothes    Work uniform    School uniform

Clothing item	Description	Colour	Size	Other
Outerwear				
Shirt / blouse				
Sweater / sweat top				
Pants				
Dress / skirt				
Underwear				
Socks / stockings				
Headwear				
Footwear				
Gloves / mitts				
Purse / backpack / wallet				
Scent item available? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Obtaining				
Footwear sole sample available? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Obtaining				

**Habits and personality of the Missing Person**

Habit	Yes	No	What	How often	Brand
Smokes					
Drinks alcohol					
Drug use (medical)					
Drug use (non-medical)					
Drinks other					

Social status: <input type="checkbox"/> Loner <input type="checkbox"/> Follower <input type="checkbox"/> Leader	Usual demeanour: <input type="checkbox"/> Quiet <input type="checkbox"/> Outgoing
Would subject hitch-hike? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Would subject accept a ride? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Does subject give up easily? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does subject have survivor attitude? <input type="checkbox"/> Yes <input type="checkbox"/> No
Legal problems: <input type="checkbox"/> Yes <input type="checkbox"/> No	Money problems: <input type="checkbox"/> Yes <input type="checkbox"/> No
Peer problems: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Hobbies or special interest:	
<b>History:</b>	
<input type="checkbox"/> No history <input type="checkbox"/> Repeatedly missing <input type="checkbox"/> Missing before. Last location found:	
<input type="checkbox"/> Other:	
Probable destination:	

Name of closest family member	Address	Phone number
Name of closest friend	Address	Phone number

**Is the person suspected to be a victim of Human Trafficking or Forced Labour?**

No  Yes Details?

**Missing Person's usual mode of transportation**

Walks  Drives car  Motorcycle  Bicycle  Bus  Taxi  Gets a ride

	Licence plate	Make	Model	Colour	Year
Vehicle info					
Bicycle info					
Location of vehicle known? <input type="checkbox"/> Yes <input type="checkbox"/> No			Location of bicycle known? <input type="checkbox"/> Yes <input type="checkbox"/> No		
When and by whom was the vehicle or bicycle last seen?					

**What activity was the Missing Person involved in when they went missing?**

<input type="checkbox"/> School outing	<input type="checkbox"/> Went for walk	<input type="checkbox"/> Went to store	<input type="checkbox"/> Hiking	<input type="checkbox"/> Hunting	<input type="checkbox"/> Cycling	<input type="checkbox"/> Fishing
<input type="checkbox"/> Camping	<input type="checkbox"/> At home	<input type="checkbox"/> Other:				
<input type="checkbox"/> On way to / from school. Name of school:						
<input type="checkbox"/> On way to / from work. Employer name:						

### Medical profile of Missing Person

Known or suspected: <input type="checkbox"/> Injury <input type="checkbox"/> Illness <input type="checkbox"/> Allergies <input type="checkbox"/> Fears/phobias <input type="checkbox"/> Disabilities  Explain:		
Missing Person requires medication <input type="checkbox"/> No <input type="checkbox"/> Yes  If yes, describe consequences of not taking:		
Missing Person's doctor	Name	Phone number
Missing Person's dentist	Name	Phone number

### Child issues

Feeling towards adults and strangers:
Reaction when hurt:
Training when lost:

### Outdoor experience

Rate the person's familiarity with the area: <input type="checkbox"/> Very familiar <input type="checkbox"/> Somewhat familiar <input type="checkbox"/> Not familiar
Rate the person's overall fitness: <input type="checkbox"/> Very fit <input type="checkbox"/> Fit <input type="checkbox"/> Somewhat fit <input type="checkbox"/> Not fit <input type="checkbox"/> Frail
Rate the person's outdoor survival ability: <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor
Rate the person's First Aid abilities: <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor

### Social Media

Is the person active on Social Media: <input type="checkbox"/> No <input type="checkbox"/> Yes
What social media sites: <input type="checkbox"/> Facebook <input type="checkbox"/> Twitter <input type="checkbox"/> Instagram <input type="checkbox"/> Snapchat <input type="checkbox"/> LinkedIn  <input type="checkbox"/> Google+ <input type="checkbox"/> Tumblr <input type="checkbox"/> Pinterest <input type="checkbox"/> Vine <input type="checkbox"/> You Tube <input type="checkbox"/> Other
Social Media Identity, nickname etc:
Site Passwords:
Social Media Friends:

### Equipment profile

Does the person have money? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown. If yes, how much?	
Bank Card? <input type="checkbox"/> Yes <input type="checkbox"/> No	Banking Institution
Account #	
Does the person have credit cards? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown. If yes, list:	

Does the person have equipment and supplies with them?  Yes  No  Unknown. If yes, check below:

<input type="checkbox"/> Backpack	<input type="checkbox"/> Gym bag	<input type="checkbox"/> Fanny pack	<input type="checkbox"/> First Aid kit
<input type="checkbox"/> Lighter	<input type="checkbox"/> Matches	<input type="checkbox"/> Flares	<input type="checkbox"/> Flashlight
<input type="checkbox"/> Fishing gear	<input type="checkbox"/> Tackle box	<input type="checkbox"/> Wading apparel	<input type="checkbox"/> Personal floatation device
<input type="checkbox"/> Firearm	<input type="checkbox"/> Licence tags	<input type="checkbox"/> Hunting gear	<input type="checkbox"/> Bow hunting gear
<input type="checkbox"/> Maps of area	<input type="checkbox"/> Compass	<input type="checkbox"/> Binoculars	<input type="checkbox"/> Climbing gear
<input type="checkbox"/> Camera	<input type="checkbox"/> Radio / iPod / CD player	<input type="checkbox"/> Watch	<input type="checkbox"/> Knife
<input type="checkbox"/> Sunglasses	<input type="checkbox"/> Rain suit	<input type="checkbox"/> Insect repellent	<input type="checkbox"/> Pen, pencil, marker
<input type="checkbox"/> Newspaper / magazine	<input type="checkbox"/> Schoolbooks / notepad	<input type="checkbox"/> Whistle	<input type="checkbox"/> Mobile phone

Does the person have adequate clothing to spend the night?  Yes  No  Unknown

Does the person have water or beverages?  Yes  No  Unknown

Does the person have food?  Yes  No  Unknown

**Narrative and Action Taken**

**Other relevant information**

**Reviewed by**

	Name	Employee #	Date and time
Patrol Sergeant			
Inspector			
Search Commander			