



KALISPELL POLICE DEPARTMENT Runaway Juvenile/Missing Person Report

Date		Time		Incident No.		
Complainant's Name			Complainant's Address		Telephone Number	
Name of Runaway/Missing Person			Aliases		Date of Birth	
Driver's License Number		DL State	Date & Time of Last Contact		Location of Last Contact	
On Probation or Parole <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Supervising Officer		Possible Destination		Possible Companions	
Place of Birth		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Race <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Black <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> White <input type="checkbox"/> Unknown		Height	
					Weight	
					Eye Color <input type="checkbox"/> Black <input type="checkbox"/> Gray <input type="checkbox"/> Blue <input type="checkbox"/> Green <input type="checkbox"/> Brown <input type="checkbox"/> Hazel <input type="checkbox"/> Unknown <input type="checkbox"/> Other _____	
Hair Color <input type="checkbox"/> Black <input type="checkbox"/> Brown <input type="checkbox"/> Blonde <input type="checkbox"/> Sandy <input type="checkbox"/> Gray <input type="checkbox"/> White <input type="checkbox"/> Red/Auburn <input type="checkbox"/> Unknown		Skin Tone <input type="checkbox"/> Black <input type="checkbox"/> Light <input type="checkbox"/> Olive <input type="checkbox"/> Dark <input type="checkbox"/> Lt. Brown <input type="checkbox"/> Ruddy <input type="checkbox"/> Dk Brown <input type="checkbox"/> Medium <input type="checkbox"/> Sallow <input type="checkbox"/> Fair <input type="checkbox"/> Med Brown <input type="checkbox"/> Yellow			Scars, marks, tattoos, piercings and other characteristics	
Miscellaneous – Include clothing description, hair description, build, handedness, any illness or diseases, etc.						
Jewelry Description						
License Plate Number		State	Year Expires	License Plate Type	Vehicle Identification Number	
Vehicle Year	Vehicle Make	Vehicle Model		Vehicle Style	Vehicle Color	
Additional Vehicle Identifiers						
Does missing person have corrected vision? <input type="checkbox"/> No <input type="checkbox"/> Glasses <input type="checkbox"/> Contacts		Has missing person ever donated blood? <input type="checkbox"/> No <input type="checkbox"/> Yes Where?		Has missing person ever been fingerprinted? <input type="checkbox"/> No <input type="checkbox"/> Yes If so, by whom?		
Corrective Vision Prescription		Blood Type	Circumcision <input type="checkbox"/> Was <input type="checkbox"/> Was Not <input type="checkbox"/> Unknown	Footprints Available <input type="checkbox"/> Yes <input type="checkbox"/> No	Body X-Rays <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None	
<p>STATEMENT OF REPORTING PERSON: I, the undersigned, hereby declare this to be a true and correct report. I am the legal guardian or person who has the legal custody of this runaway juvenile. I understand that I may be charged with violation of MCA 45-7-205 "False Reports to Law Enforcement Authorities" by filing a false report. I also understand that this juvenile report will be submitted to the Juvenile Authorities for information and/or action on the runaway. I will provide transportation for the runaway when apprehended.</p>						
Complainant's signature			Date	Police Department Representative		

To be completed by Dispatch	ATL B/C: Date	Time	By	Cancelled: Date	Time	By
Teletype (attach copy) sent to:	Date	Time	By	Cancelled: Date	Time	By
NCIC Entry: Date	By	NIC#		Cancelled: Date	By	
Located: Date	Where		Agency			