

MISSING PERSON QUESTIONNAIRE		TASK #	DATE PREPARED: TIME PREPARED:		PAGE # 1 OF 3
TASK NAME:			REVISED (DATE/TIME):		
SUBJECT # ___ OF ___		INTERVIEWED BY (PLANNING):		POLICE FILE #	
INFORMANT IDENTIFICATION					
FIRST NAME:			STREET ADDRESS:		
LAST NAME:			CITY:		
RELATIONSHIP TO SUBJECT:			PROVINCE:	POSTAL CODE:	
HOME PHONE #:			ALT. PHONE #		
ADDITIONAL INFORMANTS/ WITNESSES	NAME:		NAME:		NAME:
	PHONE:		PHONE:		PHONE:
SUBJECT INFORMATION					
FIRST NAME:			STREET ADDRESS:		
MIDDLE NAME:			CITY:		
LAST NAME:			PROVINCE:	POSTAL CODE:	
ANSWERS TO:			HOME PHONE #:		
VEHICLE MAKE:			EMPLOYER:		
VEHICLE MODEL:			STREET ADDRESS:		
VEHICLE COLOUR:			CITY:		
LICENSE PLATE #:			PROVINCE:	POSTAL CODE:	
COMMENTS (e.g. 'CODE' NAME IF CHILD):			WORK PHONE # :		
			WORK FAX #:		
			SUPERVISOR'S NAME:		
DATE OF BIRTH (Y/M/D):		AGE:	SEX:	HEIGHT:	WEIGHT:
HAIR COLOUR:		EYES:	HAIRSTYLE/LENGTH:		
COMPLEXION:			FIRST LANGUAGE:		
DISTINGUISHING MARKS:					
MEDICAL DISABILITIES:					
MEDICATION REQUIREMENTS/QTY ON HAND/DURATION OF SUPPLIES:					
RECENT/CURRENT ILLNESS(ES):					
FITNESS LEVEL:			SMOKER (Y)	BRAND:	ICS 302

ALLERGIES:

FEARS/PHOBIAS:

MENTAL ATTITUDE:

FINANCIAL SITUATION:

CRIMINAL HISTORY:

HOBBIES/INTERESTS:

CLOTHING/EQUIPMENT

SHOE TYPE:

COLOUR:

SIZE:

SHOE SOLE DESCRIPTION:

SOCKS:

PANTS (TYPE & COLOUR):

TOP (TYPE & COLOUR):

SWEATER (TYPE & COLOUR):

JACKET (TYPE & COLOUR):

RAINGEAR (TYPE & COLOUR):

HAT (TYPE & COLOUR):

GLOVES (TYPE & COLOUR):

PACK (MAKE & COLOUR):

FOOD & DRINK (TYPE/BRAND/QUANTITY):

POINT LAST SEEN

DATE LAST SEEN:

TIME LAST SEEN:

POINT LAST SEEN:

MAP #

GRID REF:

MISSING PERSON QUESTIONNAIRE (CONT.)**PAGE # 3 OF 3**

NAME OF OTHER PERSON(S) WHO SAW OR MIGHT HAVE SEEN THE SUBJECT AT OR NEAR THIS TIME:	#	NAME OF INFORMANT	LOCATION SUBJECT SEEN	TIME SEEN
	1			
	2			
	3			
	4			
	5			

LOCATION OF VEHICLE (TRANSPORTATION):

INTENDED ROUTE:

WEATHER AT TIME LAST SEEN:

COMMENTS (DISPOSITION/PERSONALITY, RELATIONSHIP WITH SPOUSE/FAMILY/FRIENDS ETC.):

SUBJECT NEXT OF KIN

FIRST NAME:		STREET ADDRESS:	
LAST NAME:		CITY:	
RELATIONSHIP TO SUBJECT:		PROVINCE:	POSTAL CODE:
HOME PHONE #:		ALT. PHONE #	
ADDITIONAL INFORMANTS/ FRIENDS	NAME:	NAME:	NAME:
	PHONE:	PHONE:	PHONE:

AVAILABILITY OF PHOTOGRAPH(S) ?