
Case reporting form

Case ID: _____

Status:

☐ On-going

☐ Solved

☐ Unsolved

*Case Type:

Missing

- ☐ Endangered Missing
- ☐ Family Abduction
- ☐ Non-Family Abduction
- ☐ Endangered Runaway
- ☐ Unknown

Found

- ☐ Abandoned
- ☐ Throwaway
- ☐ Unidentified

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First Name: _____

*Nickname: _____

Middle Name: _____

Last Name: _____

Birth Date: _____, _____

Address:

Street: _____

City: _____

Province: _____

Country: _____

*Sex:

☐ Male

☐ Female

*Height:

_____ feet _____ inches

*Weight:

_____ pounds (_____ kgs x 2.2 pounds/kg)

*Religion:

☐ Atheist

☐ Buddhist

☐ Christian

☐ Hindu

☐ Islam

☐ Jew

☐ Unknown

☐ Others: _____

*Race:

☐ African

☐ African American

☐ Asia/Pacific

☐ Caucasian

☐ European

☐ Hispanic

☐ Indian

☐ Mixed Race

☐ Middle Eastern

☐ Mongolian

☐ Native American

☐ Southeast Asian

☐ Unknown

☐ Others: _____

*Eye Color:

☐ Amber

☐ Blue

☐ Brown

☐ Gray

☐ Green

☐ Hazel

☐ Unknown

☐ Others: _____

*Hair Color:

☐ Auburn

☐ Black

☐ Blond

☐ Brown

☐ Gray/White

☐ Red

☐ Unknown

☐ Others: _____

Medical Condition: _____

*Distinguishing Marks: _____

*Personal Effects: _____

Remarks: _____

Case reporting form

If missing:

*Date Missing: _____, _____
Missing from:
 *City: _____
 *Province: _____
 *Country: _____
Possible Location:
 City: _____
 Province: _____
 Country: _____
*Circumstance: _____

Reward: PhP _____ .00

If found:

*Date Found: _____, _____
Current Location:
 *Institution: _____
 *Street: _____
 *City: _____
 *Province: _____
 *Country: _____
 Email: _____
 *Number: _____

CODIS ID: _____
AFIS ID: _____
Dental ID: _____

Case reporting form

Relative ID: _____

*First Name: _____

*Middle Name: _____

*Last Name: _____

Address: _____

*Street: _____

*City: _____

*Province: _____

*Country: _____

E-mail Address: _____

*Contact Number: _____

*Relation (I am the):

<input type="checkbox"/> Husband	<input type="checkbox"/> Wife
<input type="checkbox"/> Father	<input type="checkbox"/> Mother
<input type="checkbox"/> Son	<input type="checkbox"/> Daughter
<input type="checkbox"/> Brother	<input type="checkbox"/> Sister
<input type="checkbox"/> Uncle	<input type="checkbox"/> Aunt
<input type="checkbox"/> Nephew	<input type="checkbox"/> Niece
<input type="checkbox"/> Stepfather	<input type="checkbox"/> Stepmother
<input type="checkbox"/> Stepson	<input type="checkbox"/> Stepdaughter
<input type="checkbox"/> Stepbrother	<input type="checkbox"/> Stepsister
<input type="checkbox"/> Grandfather	<input type="checkbox"/> Grandmother
<input type="checkbox"/> Grandson	<input type="checkbox"/> Granddaughter
<input type="checkbox"/> Cousin	<input type="checkbox"/> In-law
<input type="checkbox"/> Fiancé	<input type="checkbox"/> Fiancée
<input type="checkbox"/> Boyfriend	<input type="checkbox"/> Girlfriend
<input type="checkbox"/> Friend	<input type="checkbox"/> Nanny
<input type="checkbox"/> Others: _____	

Please attach photocopy of identification card.

Case reporting form

Abductor ID: _____

First Name: _____
Nickname: _____
Middle Name: _____
Last Name: _____
Birth Date: _____, _____, _____
Address: _____
 Street: _____
 City: _____
 Province: _____
 Country: _____

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*Sex: ☐Unknown ☐Male ☐Female
Height: _____ feet _____ inches
Weight: _____ pounds (_____ kgs x 2.2 pounds/kg)
*Religion: ☐Atheist ☐Buddhist ☐Christian
 ☐Hindu ☐Islam ☐Jew
 ☐Unknown ☐Others: _____
*Race: ☐African ☐African American ☐Asia/Pacific
 ☐Caucasian ☐European ☐Hispanic
 ☐Indian ☐Mixed Race ☐Middle Eastern
 ☐Mongolian ☐Native American ☐Southeast Asian
 ☐Unknown ☐Others: _____
*Eye Color: ☐Amber ☐Blue ☐Brown
 ☐Gray ☐Green ☐Hazel
 ☐Unknown ☐Others: _____
*Hair Color: ☐Auburn ☐Black ☐Blond
 ☐Brown ☐Gray/White ☐Red
 ☐Unknown ☐Others: _____

*Distinguishing Marks: _____

Remarks: _____

*Relation (Abductor is the):
☐Husband ☐Wife
☐Father ☐Mother
☐Son ☐Daughter
☐Brother ☐Sister
☐Stepfather ☐Stepmother
☐Stepson ☐Stepdaughter
☐Stepbrother ☐Stepsister
☐Uncle ☐Aunt
☐Nephew ☐Niece
☐Grandfather ☐Grandmother
☐Grandson ☐Granddaughter
☐Cousin ☐In-law

Case reporting form

- | | |
|--|-------------------------------------|
| <input type="checkbox"/> Fiancé | <input type="checkbox"/> Fiancée |
| <input type="checkbox"/> Boyfriend | <input type="checkbox"/> Girlfriend |
| <input type="checkbox"/> Friend | <input type="checkbox"/> Nanny |
| <input type="checkbox"/> Others: _____ | |

CODIS ID:	_____
AFIS ID:	_____
Dental ID:	_____

Case reporting form

Assigned to: _____
Investigator ID: _____
Username: _____
Designation: _____
Agency: _____
E-mail Address: _____
Contact Number: _____

Encoded by: _____
(Signature over Printed Name)
Designation: _____
Agency: _____
Date Encoded: _____, _____