Case reporting form

Case ID: _____
Status: ❑On-going ❑Solved ❑Unsolved

*Case Type: Missing
- ❑Endangered Missing
- ❑Family Abduction
- ❑Non-Family Abduction
- ❑Endangered Runaway
- ❑Unknown

Found
- ❑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: _____
_____

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: _____

Relative ID: _____

*First Name: _____
*Middle Name: _____
*Last Name: _____
Address:
*Street: _____
*City: _____
*Province: _____
*Country: _____
E-mail Address: _____
*Contact Number: _____
*Relation (I am the):

❑Husband	❑Wife
❑Father	❑Mother
❑Son	❑Daughter
❑Brother	❑Sister
❑Uncle	❑Aunt
❑Nephew	❑Niece
❑Stepfather	❑Stepmother
❑Stepson	❑Stepdaughter
❑Stepbrother	❑Stepsister
❑Grandfather	❑Grandmother
❑Grandson	❑Granddaughter
❑Cousin	❑In-law
❑Fiancé	❑Fiancée
❑Boyfriend	❑Girlfriend
❑Friend	❑Nanny
❑Others: _____	

Please attach photocopy of identification card.

Abductor ID: _____

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

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to be scanned

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

❑Fiancé ❑Fiancée
❑Boyfriend ❑Girlfriend
❑Friend ❑Nanny
❑Others: _____

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

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

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