



**LOS ANGELES POLICE DEPARTMENT**  
**CALIFORNIA MISSING PERSONS REPORT**

				Form Number		Report Number	
Date	Time	Postal	Location			Type of Missing Person	
REPORTING PARTY							
Full Name			Postal	Residential Address		Relation to Missing Person	
MISSING PERSON DETAILS							
Name: First			Middle			Last	
Residential Address			City	State	Postal	Phone Number	
Gender	Eyes	Hair	Height	Weight	Date of Birth	Email Address	
Scars/Marks/Tattoos		Last Seen Wearing		Location of Last Seen		Medications Needed?	Any disabilities?
VEHICLE INFORMATION (IF APPLICABLE)							
License Plate	Year	Color	Make	Model	State	Expiration Date	Vehicle Identification Number (VIN)
Registered Owner			Address			City	State Postal
INVESTIGATIVE NOTES							
Prior Missing Reports on Person?		Known Friends / Associates / Destinations				Alert Issued?	
Additional Notes							
OFFICER INFORMATION							
Officer Name		Badge Number	Agency LOS ANGELES POLICE DEPARTMENT			Signature	