

OFFICE OF THE CHIEF OF POLICE

October 21, 2020

NOTICE
1.8

TO: All Department Personnel

FROM: Chief of Police

SUBJECT: MISSING/FOUND PERSONS INVESTIGATION, FORM 03.16.00 – REVISED

The purpose of this Notice is to advise Department personnel of the revisions made to the Missing/Found Persons Investigation, Form 03.16.00.

Revisions to this form include the following:

- Added “E-MAIL ADDRESS OF MISSING PERSON” field;
- Changed the missing person use of “INTERNET” field to use of “SOCIAL MEDIA” field;
- Removed “BUSINESS ADDRESS OF MISSING PERSON” field and “BUSINESS PHONE” field;
- Added “BANK NAME/EBT/SSI/GENERAL RELIEF INFORMATION” field; and,
- Added “E-MAIL ADDRESS” fields for person(s) reporting.

Should you have any questions regarding this Notice, please contact Detective Services Group, at (213) 486-7000.


MICHEL R. MOORE
Chief of Police

Attachment

DISTRIBUTION “D”

LOS ANGELES POLICE DEPARTMENT

ADULT (DSVD/MPU)

JUV. (INVESTIGATING DIV. _____)

MISSING FOUND PERSONS INVESTIGATION

*If missing, DR No. shall be obtained within 2 hours.

MISSING PERSON'S NAME (LAST, FIRST, MIDDLE):						DR NO.:								
DESCRIPTION OF MISSING PERSON:	SEX:	DESCENT:	HAIR:	EYES:	RESIDENCE ADDRESS (If unknown, general locale):	CITY:	ZIP:	RD:	RESIDENCE PHONE:					
HEIGHT:	WEIGHT:	AGE:	BUILD:	COMPLEXION:	E-MAIL ADDRESS OF MISSING PERSON:									
IDENTIFYING MARKS AND CHARACTERISTICS: (False teeth, tattoos, visible dental work, etc.)					DOB:	DATE/TIME LEFT HOME:	DATE/TIME LAST SEEN:	DATE/TIME FORMAL REPORT TO POLICE:						
					LOCATION LAST SEEN (if applicable):				CITY:	DATE/TIME POLICE DETERMINED MISSING (START OF 2 HRS):				
					POSSIBLE CAUSE OF ABSENCE (Dependent over debt, etc.):					PROBABLE OR POSSIBLE DESTINATION:				
					MENTAL CONDITION (Good, poor, etc. if poor, explain.):					REPORTED MISSING BEFORE (Even if no report taken): <input type="checkbox"/> NO <input type="checkbox"/> YES DATE:				
CLOTHING WORN: <input type="checkbox"/> GLASSES <input type="checkbox"/> CONTACTS					LAST PRIOR ADDRESS OF MISSING PERSON:			DOES THE M/P USE SOCIAL MEDIA? IF <input type="checkbox"/> YES YES, EXPLAIN IN THE NARRATIVE. <input type="checkbox"/> NO						
JEWELRY, PAPERS AND OTHER ARTICLES CARRIED:					BIRTHPLACE:		FINGERPRINTED (When/Where):							
PERSONAL HABITS (Drinker, gambler, etc.):					WHERE FIRST HEARD FROM OR KNOWN TO HAVE GONE ON PRIOR OCCASION:									
BANK NAME/EBT/SSI/GENERAL RELIEF INFORMATION:					OCCUPATION/UNION:		SCHOOL (Name, City, State):		GRADE:					
VEHICLE DRIVEN (if applicable)	<input type="checkbox"/> MP <input type="checkbox"/> SUSP	YEAR:	MAKE:	MODEL/STYLE:	COLOR:	LICENSE NUMBER:	STATE:	LIC. YEAR:	VIN:					
SOURCES CHECKED: Include Name/Serial No.		OFFICERS SHALL QUERY THE MASTER INQUIRY FUNCTION OF NECS												
		<input type="checkbox"/> MI CHECKED	<input type="checkbox"/> MISSING PERSONS (ADULTS ONLY) (213) 996-1800		<input type="checkbox"/> MENTAL EVALUATION (213) 996-1300		<input type="checkbox"/> LOCAL HOSPITAL(S)		<input type="checkbox"/> CORONER (323) 343-0714					
IF JUVENILE, ALSO CHECK: Include Name/Serial No.		<input type="checkbox"/> PROBATION INTAKE DETENTION CONTROL (323) 226-8816			<input type="checkbox"/> AREA JUVENILE DETECTIVES (if available)		<input type="checkbox"/> DCFS (800) 540-4000 Option 4							
CODE:	R - PERSON REPORTING ABSENCE		L - PERSON LAST SEEING MISSING PERSON		P - PARENTS OR GUARDIAN (Juvenile only)		F - FRIENDS/RELATIVES		S - SUSPECT (DOB)					
NAME:	DOB:	CODE:	RESIDENCE ADDRESS:	CITY:	ZIP:	RES. PHONE:	X	BUS. PHONE:	X					
E-MAIL ADDRESS:														
NAME:	DOB:	CODE:	RESIDENCE ADDRESS:	CITY:	ZIP:	RES. PHONE:	X	BUS. PHONE:	X					
E-MAIL ADDRESS:														
NAME:	DOB:	CODE:	RESIDENCE ADDRESS:	CITY:	ZIP:	RES. PHONE:	X	BUS. PHONE:	X					
E-MAIL ADDRESS:														
DENTIST NAME:			ADDRESS:				PHONE:							
KNOWN ASSOCIATES:					IF OUTSIDE AGENCY INVESTIGATING, FAX NO.:									
AGENCY OF RESIDENCE:					DATE FAXED:		OFFICER NOTIFIED:		SERIAL NO.:					
NAME:		EMPLOYEE NOTIFIED:	<input type="checkbox"/> YES <input type="checkbox"/> NO	AGENCY LAST SEEN:		EMPLOYEE NOTIFIED:		<input type="checkbox"/> YES <input type="checkbox"/> NO						
INTERVIEWING OFFICER(S):			SERIAL NO.:	AREA/DIV.:	DETAIL:	<input type="checkbox"/> PHOTO X-RAY WAIVER RELEASE (DOJ SS8567 or BCIA - 4048) PROVIDED BY OFFICERS								
SUPERVISOR APPROVING RPT.:		SERIAL NO.:	<input type="checkbox"/> NCIC PRINTOUT ATTACHED <input type="checkbox"/> NCIC PRINTOUT REVIEWED			PERSON REPORTING DISAPPEARANCE (Signature):		RELATIONSHIP:						
DATE/TIME REPRODUCED:		DIVISION:	CLERK:	BDCST/TTY NO.:			NCIC NO.:							
<input type="checkbox"/> FOLLOW-UP REPORT														
TO BE COMPLETED BY DETECTIVE (COMPLETE NARRATIVE ON PAGE 2) FCN NO.:														
CLEARED:	UNFOUNDED	ARREST	OTHER	DATE:	REPORTING OFFICER:	SERIAL NO.:	DIV.:	DISPOSITION:						
COMMENTS (For Investigating Detective Only):														

INC #

REL RPTS #

CH #

SS #

CAL OP/ID #

FCN/MUPS CLEARED? YES NO VEHICLE CLEARED? YES NO (ATTACH PRINTOUT) DETECTIVE CASE TRACKING CLEARED? YES NO

CANCELLATION: BDCST. 4, 5, 6 BY: _____ DATE: _____ IF MISSING MORE THAN 30 DAYS 03.16.00 SENT TO DOJ PHOTO DENTAL RECORDS SENT TO DOJ DENTAL RECORDS NOT OBTAINED
TT R&I ADV'D BY: _____ BY: _____ DATE _____ DNA

INVESTIGATING OFFICER: _____ SERIAL NO.: _____ ADULT PRESENT AT INTERVIEW: _____ DET. SUPERVISOR APPROVING: _____ DATE/TIME REPRODUCED: _____ DIVISION CLERK: _____

TYPE MP: (CHECK ONE) RUNAWAY JUVENILE NON-FAMILY ABDUCTION VOLUNTARY MISSING ADULT UNKNOWN CIRCUMSTANCES
 PARENTAL/FAMILY ABDUCTION STRANGER ABDUCTION DEPENDENT ADULT CATASTROPHE LOST

CATEGORY: AT RISK PRIOR MISSING SEXUAL EXPLOITATION SUSPECTED

PHOTO AVAILABLE: YES NO DNA AVAILABLE: YES NO PHOTO/X-RAY WAIVER RELEASE (DOJ FORM 388567) SIGNED? YES NO
(AGE IN PHOTO): _____ SAMPLE OR PARENTAL APPROVAL: YES NO
PHOTO SENT TO DOJ? YES NO

SKELETAL X-RAYS AVAILABLE: YES NO BROKEN BONES/MISSING ORGANS: _____ DENTAL X-RAYS AVAILABLE: YES NO (ATTACH CHART AND X-RAYS) DENTURES: UPPER FULL LOWER PARTIAL

ABDUCTION INVOLVING MOVEMENT OF MISSING PERSON IN THE COMMISSION OF A CRIME: YES NO
SUSPECT NAME: _____ DOB: _____
RESIDENCE: _____ RESIDENCE PHONE: _____ BUSINESS PHONE: _____
RELATIONSHIP TO VICTIM: _____ WARRANT #: _____

IF JUVENILE, WRITTEN NOTIFICATION AND PHOTO SENT TO MISSING PERSON'S SCHOOL WITHIN 10 DAYS OF REPORTED DISAPPEARANCE. IF JUVENILE IS STILL MISSING, COMPLETE AN EMERGENCY SCHOOL NOTIFICATION MISSING OR ABDUCTED CHILD ALERT, FORM 09.29.00.

NAME: _____ SERIAL NO.: _____

NARRATIVE - RECONSTRUCT THE CIRCUMSTANCES SURROUNDING THE DISAPPEARANCE: