

OFFICE OF OPERATIONS

NOTICE

1.11

November 7, 2018

TO: All Office of Operations Personnel

FROM: Director, Office of Operations

SUBJECT: MISSING PERSONS INVESTIGATION REPORT DOCUMENTATION

The purpose of this Notice is to clarify the proper use of the date and time for determining when a person is missing. A 2008 Federal Bureau of Investigation National Crime Information Center (NCIC) Biennial Audit indicated the Department was not in compliance with NCIC policies. The report indicated the Department was not complying with reporting a missing person within the two-hour time frame required by federal law.

Subsequent audits performed by Audit Division and the Office of Operations indicate that this continues to be a concern. To comply with federal law, as well as with the Department Manual, Volume 4, Section 712.10 Missing/Found Persons, a person must be reported missing to the NCIC within two hours *after an officer* has determined the person is missing.

Note: The current Missing/Found Persons Investigation Report, Form 03.16.00 (12/16), located on the Local Area Network, shall be used. Any outdated versions of the form shall be discarded.

DETERMINING THE START OF THE TWO-HOUR TIME FRAME

The "Date/Time Police Determined Missing (start of two-hours)" box on the Missing/Found Persons Investigation Report refers to the time the investigating officer has determined the person is missing *after* a preliminary investigation has been performed.

The preliminary investigation includes checking the following: Master Inquiry, Missing Persons, Mental Evaluation, Local Hospital(s), Coroner, Probation Intake Detention Center, Area Juvenile Detectives, and Department of Child and Family Services. It may also include a search of the premises, interviewing family members and friends, school follow-ups, etc.

Once all reasonable leads to locate the missing person have been exhausted, and there is no credible evidence of a related crime, the officer can now reasonably make the determination the person is missing; this is beginning of the two-hour time frame.

The "Date/Time Police Determined Missing (start of 2 hours)" will not be the same as the "Date/Time Left Home, Date/Time Last Seen, or Date/Time Formal Report to Police" boxes. The following provides the correct definitions for each Date/Time box:

- **Date/Time Left Home** – Date/Time missing person is known to have left home (if applicable);
- **Date/Time Last Seen** – Date/Time missing person was last seen;
- **Date/Time Formal Report to Police**- Date/Time missing person was reported to the police by a Reporting Party (e.g., time radio call generated, time report generated at front desk, etc.);
- **Date/Time Police Determined Missing (start of 2 hours)**- Date/Time the investigating officer determined the person to be missing after completing the preliminary investigation.

Once the person has been determined missing by the officer(s), the start of the two-hour time frame begins. This two-hour time frame affords a reasonable amount of time for the officer to provide the Area Records Unit the information required to enter the missing person into NCIC and to generate a Division of Records (DR) number. If the investigating officer is unable to return to the station to provide the information and obtain a DR number within the two-hour time frame, the officer shall contact the Area Records Unit telephonically to meet the NCIC requirement.

Note: The Department Manual requires that officers obtain and attach the NCIC printout to the Missing/Found Persons Investigation Report. To incorporate supervisory oversight, a check box was added to the "Supervisor Approving" signature block which requires the supervisor to check the NCIC "attached/reviewed" box.

Reports without the corresponding NCIC printout attached are deemed out of compliance with Departmental Policy.

Should you have any questions, please contact Evaluation and Administration Section, Office of Operations, at (213) 486-6050.



ROBERT N. ARCOS, Assistant Chief
Director, Office of Operations

DISTRIBUTION "D"

LOS ANGELES POLICE DEPARTMENT

ADULT (D&V/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.	
RESIDENCE ADDRESS (if unknown, general locale)		CITY	ZIP	RD	RESIDENCE PHONE
HEIGHT	WEIGHT	AGE	BUILD	COMPLEXION	DOB
DATE/TIME LEFT HOME			DATE/TIME LAST SEEN		DATE/TIME FORMAL REPORT TO POLICE

DESCRIPTION OF MISSING PERSON:	SEX	DESCENT	HAIR	EYES					
IDENTIFYING MARKS & CHARACTERISTICS (False teeth, tattoos, visible dental work, etc.)	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 THE INTERNET? <input type="checkbox"/> YES IF 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							
BUSINESS ADDRESS OF MISSING PERSON		BUSINESS PHONE	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

IDENTIFYING MARKS & CHARACTERISTICS (False teeth, tattoos, visible dental work, etc.)		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 THE INTERNET? <input type="checkbox"/> YES IF 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							
BUSINESS ADDRESS OF MISSING PERSON		BUSINESS PHONE	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"/> MENTAL EVALUATION (213) 998-1300	<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) 228-8818	<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 SEEN MISSING PERSON	P - PARENTS OR GUARDIAN (Juvenile only)	F - FRIENDS/RELATIVES	S - SUSPECT (DOB)			
NAME	DOB	CODE	RESIDENCE ADDRESS	CITY	ZIP	RES. PHONE	<input checked="" type="checkbox"/> BUS. PHONE	<input type="checkbox"/>
	DOB	CODE	RESIDENCE ADDRESS	CITY	ZIP	RES. PHONE	<input type="checkbox"/> BUS. PHONE	<input type="checkbox"/>
	DOB	CODE	RESIDENCE ADDRESS	CITY	ZIP	RES. PHONE	<input type="checkbox"/> BUS. PHONE	<input type="checkbox"/>

DENTIST NAME		ADDRESS		PHONE
KNOWN ASSOCIATES		IF OUTSIDE AGENCY INVESTIGATING, FAX NO.		
AGENCY OF RESIDENCE		EMPLOYEE NOTIFIED	OFFICER NOTIFIED	SERIAL NO.
NAME	#	<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 888687 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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
REPORTING OFFICER		SERIAL NO.	DIV.	DISPOSITION

COMMENTS (For Investigating Detective Only)

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

CANCELLATION BDCST. 4, 5, 6 BY: DATE

TT R&I ADV'D BY: IF MISSING MORE THAN 30 DAYS 03.18.00 SENT TO DOJ PHOTO DENTAL RECORDS SENT TO DOJ DENTAL RECORDS NOT OBTAINED

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

TO BE COMPLETED BY DETECTIVE

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 8886M7) 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 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: