



MOSES LAKE POLICE DEPARTMENT

401 S BALSAM ST, PO DRAWER 1579

MOSES LAKE, WA 98837

(509) 766-9230

Missing/Runaway Juvenile Report

CASE # _____

Last _____ First _____ Middle _____

Address _____ SOC# _____ - _____ - _____

Sex _____ Race _____ DOB _____ / _____ / _____ HGT _____ WGT _____ Eyes _____

Hair _____ Skin _____ Scars, Marks, Tatoos _____

Drivers Lic# _____ State _____ EXP _____ Date Last Seen _____ / _____ / _____

Missing From _____ Probable Destination _____

Description of clothing: _____

Jewelry _____

Accompanied By _____

Description _____

Vehicle Description:

Licenses#: _____ State _____ Veh Year: _____ Make: _____

Mode: _____ Color: _____

Circumstances Of Disappearance: _____

The information contained herein has been given by me to the police agency as a parent or guardian of the above named runaway juvenile. I do hereby authorize this and other police agencies to take what ever steps required to locate, apprehend, and if necessary, detain the above named runaway juvenile. I also understand that if a crime is involved, juvenile court action may follow upon apprehension.

I further understand that I must notify the Moses Lake Police Department when the runaway juvenile returns home. If the runaway does not return within 30 days of the signing of this report, dental records must be provided and an additional report must be filled out and sent to the WSP - Missing/Unidentified Persons Unit in Olympia, WA.

Reported

By _____ Relation _____

Address _____ Phone(_____) _____ - _____

Signature _____ Time _____ : _____ Date _____ / _____ / _____

Officer _____ Number _____ Date _____ / _____ / _____