

**New Mexico Department of Public Safety
Missing Persons Clearinghouse Report Form**

MPCH Number:

Case Agency: _____ **Date:** _____

Date: _____ Time: _____ Call Taken By: _____

Caller's Name:

Last

First

Middle

Relationship To Missing:

Callers Address:

Number

Street

Apartment Number

City

State

Zip Code

Home Phone: _____ Work Phone: _____

Missing Category: _____ Non Family Abduction _____ Parental Abduction _____ Runaway
_____ Adult (18yrs or over) _____ Other - Explain: _____

NCIC Criteria: _____ Disability _____ Endangered _____ Involuntary _____ Juvenile
_____ Catastrophe Victim _____ Caution Code

Missing Persons Name:

Last

First

Middle

Date Missing: _____ Time: _____ AM / PM Race: _____ Sex: M F

Place of Birth: _____ Age: _____ Date of Birth: _____ HGT: _____ WGT: _____

Eye Color: _____ Hair Color: _____ Skin: _____ Scars/Marks/Tattoos: _____

Social Security Number: _____ OLN #: _____ OL State: _____ OL Year: _____

Blood Type: _____ Fingerprints Available (where): _____

Distinguishing Features/Unique Characteristics (limp,jewelry,glasses.etc...): _____

Dental Records Available? _____ Yes _____ No Medical Records Available? _____ Yes _____ No

Mental State (depressed,suicidal,etc...): _____

Location Last Seen (include city,state): _____

Possible Destination (city,state): _____

Last Seen Wearing: _____

Hobbies & Interests: _____

Veh Yr: _____ Make: _____ Model: _____ Color: _____ Lic # & State: _____

Abductors/Companions Name: :

Last

First

Middle

Aliases:

Sex: M F Relationship: _____ Date of Birth: _____

Hair Color: _____ Dyed: ___ Yes ___ No ___ Length: _____ Style: _____

Eye Color: _____ Glasses/Contacts: ___ Yes ___ No ___ Hgt: ___ Wgt: ___ Race: _____

Blood Type: _____ Right/Left Handed: _____ Fingerprints Available (where): _____

Height: _____ Weight: _____ Build: _____ Race: _____ Blood Type: _____

Social Security Number: _____ Distinguishing Features: _____

Additional Information:

Forward a copy of this report to the:

**Attn: Regina Chacon
Missing Person's Clearinghouse Manager
Department of Public Safety
Missing Person's Information Clearinghouse
Law Enforcement Records Bureau
P.O. Box 1628
Santa Fe, New Mexico 87504-1628**

**1-800-HLP-FIND (457-3463) and/or 505-827-9297 or
505-795-2793
Fax # 505-827-3399**