

**BELMONT COUNTY SHERIFF'S OFFICE  
MISSING PERSON REPORT**

NAME				ALIAS	
RACE	SEX	DOB	SSN	O.L.NUMBER	STATE
HEIGHT	WEIGHT	HAIR	EYES	LAST SEEN WEARING:	
TATTOOS, SCARS, DEFORMITIES					
VEHICLE (YEAR, MAKE, LICENSE, BODY, COLOR)					
LAST SEEN (LOCATION, DATE, TIME)					
REPORTED BY:			RELATIONSHIP:		
ADDRESS			CITY		PHONE
DATE AND TIME REPORTED			REPORTED TO:		
POSSIBLE CAUSE OF ABSENCE					
PROBABLE LOCATION					
ENTERED NCIC (DATE AND TIME)			ENTERED BY:		
LID NUMBER			NCIC NUMBER		
#1 WITNESS (ES)			ADDRESS		
#2					
NARRATIVE					

The below victim states that all information given is true and accurate. If the missing person returns, the victim must notify this office immediately.

Victim's Signature \_\_\_\_\_ Victim's Name Printed \_\_\_\_\_

Victim's Address \_\_\_\_\_ Phone \_\_\_\_\_

SUBJECT LOCATED: (DATE & TIME)	LOCATION:
REPORTED BY:	DATE & TME REPORTED
ADDRESS:	CITY PHONE:
REMOVED BY: (DATE & TIME)	SUBJECT'S CONDITION
NARRATIVE:	
	FAMILY NOTIFIED BY: (DATE & TIME)