

## A Child is Missing (ACIM) Information Form

Supervisor: Complete this form and provide the information when reporting a missing person to “A Child is Missing”

“A Child is Missing” Contact Numbers: (888) 875-2246, (954) 763-1288, or pager: (954) 492-4778

Name of Missing Person: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Gender: \_\_\_\_\_

Nationality: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

Any other characteristics such as glasses, tattoos, piercing, scars? \_\_\_\_\_

: \_\_\_\_\_

Clothing Description: \_\_\_\_\_

Location last seen (including zip code) : \_\_\_\_\_

*(for the location, provide accurate spellings and include and provide the nearest major intersection)*

Residence *(if difference than “last seen” location)*: \_\_\_\_\_

Date and Time last seen: \_\_\_\_\_ Is the person a habitual runaway? \_\_\_\_\_

Were friends/family notified? \_\_\_\_\_ Is there water or wooded areas near the last seen location? \_\_\_\_\_

Did the person leave in a vehicle, bicycle, skateboard etc? \_\_\_\_\_

If in a vehicle, description, license plate etc? \_\_\_\_\_

Is foul play suspected ? \_\_\_\_\_ Any confrontation prior to person’s disappearance? \_\_\_\_\_

Does missing person have a substance abuse problem? \_\_\_\_\_ Does missing person take any medications? \_\_\_\_\_

Name of Law Enforcement Agency: **Cleveland Division of Police** State: **Ohio** County: **Cuyahoga**

Incident #: \_\_\_\_\_ Agency telephone number for public to call with information: **(216) 623-5800**

Name of Officer in Charge of case: \_\_\_\_\_ Contact Number for OIC: \_\_\_\_\_