



**SAULT STE. MARIE POLICE SERVICE  
DATA ENTRY GUIDE**

**MISSING PERSON REPORT**

<b>OCCURRENCE:</b>	<b>TASK:</b>
<b>AUTHOR: (DICTATING OFFICER)</b>	<b>REPORT TIME: (TIME OF DICTATION)</b>
<b>ENTERED BY: (TRANSCRIBER)</b>	<b>ENTERED TIME: (DEFAULTS T PRESENT TIME)</b>

**MISSING PERSON TYPE:**

<input type="checkbox"/> COMPASSIONATE TO LOCATE	<input type="checkbox"/> ELOPEE
<input type="checkbox"/> MISSING	<input type="checkbox"/> YOUNG OFFENDER
<input type="checkbox"/> OTHER (CLARIFY)	

**MISSING BETWEEN:**

<b>FROM DATE AND TIME:</b>	<b>TO DATE AND TIME:</b>
----------------------------	--------------------------

**PROBABLE REASON:**

<input type="checkbox"/> ABDUCTION BY STRANGER	<input type="checkbox"/> ACCIDENT
<input type="checkbox"/> PARENTAL ABDUCTION CUSTODY ORDER	<input type="checkbox"/> PARENTAL ABDUCTION NO CUSTODY ORDER
<input type="checkbox"/> RUNAWAY	<input type="checkbox"/> UNKNOWN
<input type="checkbox"/> WANDERED OFF/LOST	<input type="checkbox"/> OTHER (CLARIFY)

**MISSING FROM:**

<input type="checkbox"/> CHILD CARE CENTRE	<input type="checkbox"/> DETENTION CENTRE	<input type="checkbox"/> DISASTER	<input type="checkbox"/> FAMILY RES.
<input type="checkbox"/> FOSTER HOME	<input type="checkbox"/> SCHOOL	<input type="checkbox"/> SHOPPING MALL	<input type="checkbox"/> VAC./TRAVEL
<input type="checkbox"/> WORK/WORK RELATED	<input type="checkbox"/> YOUTH CENTRE	<input type="checkbox"/> OTHER INSTIT.	<input type="checkbox"/> OTHER (CLARIFY)

**HISTORY:**

<input type="checkbox"/> HABITUAL/CHRONIC	<input type="checkbox"/> REPEAT	<input type="checkbox"/> FAMILY RESIDENCE
---	---------------------------------	---

**DENTAL:**

<input type="checkbox"/> AVAILABLE, NOT ENTERED	<input type="checkbox"/> AVAILABLE (PARTIAL), NOT ENTERED
<input type="checkbox"/> ENTERED	<input type="checkbox"/> ENTERED (PARTIAL)
<input type="checkbox"/> NOT REQUIRED	<input type="checkbox"/> UNAVAILABLE

**PHOTO:**

<input type="checkbox"/> AVAILABLE, NOT ENTERED	<input type="checkbox"/> AVAILABLE (PARTIAL), NOT ENTERED
<input type="checkbox"/> ENTERED	<input type="checkbox"/> ENTERED (PARTIAL)
<input type="checkbox"/> NOT REQUIRED	<input type="checkbox"/> UNAVAILABLE

**XRAY:**

<input type="checkbox"/> AVAILABLE, NOT ENTERED	<input type="checkbox"/> AVAILABLE (PARTIAL), NOT ENTERED
<input type="checkbox"/> ENTERED	<input type="checkbox"/> ENTERED (PARTIAL)
<input type="checkbox"/> NOT REQUIRED	<input type="checkbox"/> UNAVAILABLE

**Note:** DENTAL, PHOTO, XRAY – EACH IS CONSIDERED A WHOLE.

**DISABILITIES/DEPENDENCIES:**

<input type="checkbox"/> ALCOHOL	<input type="checkbox"/> DRUGS
<input type="checkbox"/> MEDICAL	<input type="checkbox"/> MENTAL DISABILITY
<input type="checkbox"/> PHYSICAL DISABILITY	<input type="checkbox"/> SOLVENT ABUSE
<input type="checkbox"/> SUICIDE RISK	<input type="checkbox"/> OTHER (CLARIFY)

**PROBABLE DESTINATION:**

<b>INSTITUTION</b>	<b>ORDER EXPIRY DATE:</b>
--------------------	---------------------------

<b>LAST SEEN BY:</b>	<b>LAST SEEN AT:</b>
----------------------	----------------------

**REMARKS:**

**NARRATIVE:**

(TRANSCRIBE MISSING PERSON REPORT NARRATIVE AS DICTATED)

ENTER DESCRIPTION, MARKS/CLOTHING IN APPROPRIATE TABS