



**CITY OF SUMNER**  
 1104 Maple Street, Suite 140  
 Sumner, Washington 98390-1423  
 253.863.6384 – Fax: 253.891.3290

Sumner Police Department  
 Colleen Wilson, Chief

## MISSING PERSON REPORT

DATE	TIME	OFFICER'S NAME	CASE NUMBER
<b>MISSING PERSON'S PERSONAL INFORMATION</b>			
LAST NAME		FIRST NAME	MIDDLE NAME
AKA			
LAST KNOWN ADDRESS			
SOCIAL SECURITY NUMBER		DRIVERS LICENSE NUMBER	STATE ISSUED
DATE / TIME OF LAST CONTACT			
SEX MALE    FEMALE	RACE	PLACE OF BIRTH	DATE OF BIRTH
HAIR COLOR	SKIN	WEIGHT	HEIGHT
			EYE COLOR
BLOOD TYPE	DENTAL RECORDS NO    YES	GLASSES NO    YES	SCARS, MARKS, TATTOOS
JEWELRY / CLOTHING DESCRIPTION			
ADDITIONAL INFORMATION / COMMENTS			
SCHOOL JUVENILE ATTENDS: _____ R/P CONTACTED SCHOOL?: YES or NO SRO NOTIFIED? YES or NO    HOW? PHONE or EMAIL    TIME /DATE SRO NOTIFIED: _____			
<b>RELATED VEHICLE INFORMATION</b>			
VEHICLE INVOLVED YES    NO	LICENSE NUMBER	STATE	MAKE
			MODEL
			COLOR
<b>REPORTING PARTY INFORMATION</b>			
NAME		RELATIONSHIP	
ADDRESS		PHONE #1	PHONE #2
SIGNATURE OF REPORTING PARTY			