



ASOTIN COUNTY SHERIFF'S OFFICE

MISSING PERSON/RUNAWAY REPORT

MISSING _____ JUVENILE _____ DATE _____ REPORT NO. _____

RUNAWAY _____ ADULT _____ TIME OF REPORT _____ DEPUTY _____

1. NAME: _____ DOB: _____ POB: _____
LAST FIRST MIDDLE PLACE OF BIRTH - CITY AND STATE

2. ADDRESS: _____ TELEPHONE: _____
CITY STATE ZIP CODE

3. DESCRIPTORS: SEX: _____ RACE: _____ HEIGHT: _____ WEIGHT: _____ EYES: _____ HAIR: _____
COMPLECTION: _____ BUILD: _____ SCARS/MARKS/ETC.: _____
CLOTHING: _____

SSN: _____ OTHER ID: _____ MEDICAL CONDITION: _____
DIABETES, GLASSES, CONTACT LENSES, HEART PROBLEMS, ETC.

4. OCCUPATION/SCHOOL: _____ EMPLOYER: _____
BUSINESS/SCHOOL ADDRESS: _____ TELEPHONE: _____

5. PLACE LAST SEEN: _____ DATE/TIME LAST SEEN: _____

6. REASON FOR LEAVING: _____ LAST SEEN BY: _____

7. CRIME COMMITTED/WARRANTS: _____

8. CLOSE FRIENDS/RELATIVES: _____

9. POSSIBLE DESTINATION: _____

10. VEHICLE: _____ MAKE MODEL COLOR LICENSE STATE
VEHICLE ID NUMBER (VIN) OTHER IDENTIFYING MARKS

11. REPORTED BY: _____ LAST FIRST MIDDLE RELATIONSHIP
ADDRESS TELEPHONE

Under the penalty of perjury I certify that the above information and facts are true and to the best of my knowledge.

PARENT, GUARDIAN, CUSTODIAN, OR RELATIVE

I authorize the Asotin County Sheriff's Office to list my child, who is under the age of eighteen (18), as a runaway person. I further request the assistance of the Asotin County Sheriff's Office in locating said child. I further request that the child be taken into custody and kept until arrangements can be made for release. If the child is apprehended by an agency outside of Asotin County, I will arrange for the child's return at no expense to Asotin County. I further agree, under penalty of contempt proceedings that I will, upon demand, produce the child before the Asotin County Juvenile Court at such time and place as may be designated.

Dated at _____ this _____ day of _____ 20_____

PARENT, GUARDIAN, CUSTODIAN, OR RELATIVE