

# JUVENILE RUNAWAY REPORT

## SHEBOYGAN POLICE DEPARTMENT (920) 459-3333

SPD #139a 11/06

Date:		Time:		Unit Assigned:		Case #	
Juvenile considered endangered? Y <input type="checkbox"/> N <input type="checkbox"/>				If yes, why?			
Last Name:				First:		Middle Name:	
Address:				City:		State:	Zip Code:
Date of Birth:			Sex:	Race:	Photo: Y <input type="checkbox"/> N <input type="checkbox"/>		Social Security Number:
Height:	Weight:		Eyes:		Hair: (color, length, style)		
Identifiable Characteristics: (scars, marks, tattoos, glasses, braces, body piercing, medical conditions)							
Parent/Guardian Name:				Home Phone:		Work Phone:	
Address:					Relationship:		
Date of Last Contact:				Time: A.M. / P.M.			
Remarks: (clothing/destination/companions/nicknames/cautions/vehicle information, etc.)							
School:				Grade:	If Employed, Where?		
Previous runaway:			Y <input type="checkbox"/> N <input type="checkbox"/>		No. of times?		
On supervision?			Y <input type="checkbox"/> N <input type="checkbox"/>		To whom?		
Contact Intake:			Y <input type="checkbox"/> N <input type="checkbox"/>				
Amber Alert System Initiated?			Y <input type="checkbox"/> N <input type="checkbox"/>		(If yes, complete Amber Alert forms)		
Complainant's Last Name:				First:		M.I.	Date of Birth:
Address:				Home Phone:		Work Phone:	

**Authorization:** I hereby acknowledge that I have made reasonable attempts to locate \_\_\_\_\_ . I am not aware where the juvenile is and request law enforcement assistance in locating the above-named juvenile. I further acknowledge this juvenile is in my custodial care and authorize his/her information be placed in the NCIC/CIB national computer network to aide in apprehension.

**Signature** \_\_\_\_\_ **Relation to Juvenile** \_\_\_\_\_

May we send this report to Project Youth, the runaway program in Sheboygan County? Y  N  **Date** \_\_\_\_\_

ENTERED NCIC/CIB \_\_\_\_\_  
 Date \_\_\_\_\_ Time \_\_\_\_\_ Opr No \_\_\_\_\_  
 CANCELLED NCIC/CIB \_\_\_\_\_  
 Date \_\_\_\_\_ Time \_\_\_\_\_ Opr No \_\_\_\_\_

\*Sheboygan County Dept. of Social Services (920)459-6400

\*Project Youth (920)458-8381 / 1-800-686-1346

**White – Original, Yellow – Commo, Pink – Parent**