



Mounds View Police Department

Stolen Vehicle/Missing Person/Runaway Report

Officer	Date Reported	Case #
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Stolen Vehicle	Circle One: Automobile Motorcycle Snowmobile Watercraft Trailer Plate Only Other:									
	License #	State	Tab Mo/Yr	Make	Model	Style	Veh. Yr	Color	VIN #	
	Condition	Value	Mileage	Insurance Co.			Lien Y N	Lien Holder		
	Owner Name (First Middle Last)					Date of Birth		Home Phone		Other Phone
	Address		Street			City		State	Zip	
	Last date/time vehicle was seen?			Where was vehicle taken from?			Where was the owner/attendant?		Where are the keys?	Doors locked? Yes / No
	Property In Vehicle / Identifying Marks									
	Permit anyone to use vehicle and under what conditions?									

Missing Person / Runaway	<input type="checkbox"/> Missing Person		Name (First Middle Last)					Date of Birth			
	<input type="checkbox"/> Runaway										
	Address		Street			City		State	Zip		Age
	Home Phone		Cell Phone		Other Phone		Sex	Race	Height	Weight	Build
	Eyes	Glasses Y N	Hair Color / Hair Length			Beard Y N	Mustache Y N				
	Shirt		Sweater			Pants / Shorts			Shoes		
	Hat	Coat		Tie		Belt		Gloves		Wallet / Purse	
	Distinguishing Marks (Scars, Marks, Tattoos, Deformities)					Jewelry					
	Missing Since (Date / Time)			Medications, Medical / Emotional Problems				Relationship of Complainant to MP/Runaway			
	Places Person Frequents					Close Friends / Relatives					
Possible Destination					Other Information						

Complainant	Name (First Middle Last)					Date of Birth		Home Phone		
	Address		Street		City		State	Zip	Cell Phone	Other Phone
	<p>I certify that the above information is true and correct to the best of my knowledge. By signing this document, I give the Mounds View Police Department authorization to enter the vehicle, missing person or runaway into the National Crime Information Center (NCIC) and conduct an investigation.</p> <p style="text-align: center;"> Signature of Complainant Date </p>									

Official Use	Date entered	By Whom	Checked By Whom	Date cancelled	By Whom