

**POLICE DEPARTMENT  
MAPLE HEIGHTS, OHIO**

**PATROL DIVISION**

**STANDARD OPERATING PROCEDURE**

**GENERAL ORDER: 2010-002**

**CODE: E.100-07**

**MISSING PERSON REPORTS**

**I. Policy**

The Maple Heights Police Department has established a policy regarding the handling of missing person reports. This is in addition to the policy and procedures already in place for missing juvenile reports.

**II. Procedure**

When a complainant wishes to file a missing person report, the officer taking the report will endeavor to check and ascertain the following:

- Is the case a missing person case or could it be another situation? (Some factors for law enforcement to consider when making this decision are the missing persons' age, mental, physical, & emotional wellbeing as well as family and social environment)
- Is foul play or other type of criminal activity suspected?
- Could the missing person be at risk?
- Is a current description and photograph of the missing person available?
- What steps can the officer completing the report take to attempt to locate the missing person?
- What other outside assistance - if any - might be needed?
- Has all necessary paperwork been completed and DNA standard been obtained if applicable?

Based upon the results of the inquiries above, the officer will take the necessary steps as outlined by statute:

- If the missing person is at least eighteen (18) but less than twenty-one (21) years of age, a report must be taken and the information entered into National Crime Information Center (NCIC) immediately.

**Note: The following conditions are mandated in law regarding missing persons who are 21 years of age and older:**

- **If foul play is suspected the information contained in the report should be entered into NCIC as soon as possible but must be entered into NCIC within seven (7) days.**
- **If no foul play is suspected and the subject has not returned, the information contained in the report must be entered into NCIC within thirty (30) days.**
- **If no foul play was indicated initially but evidence of such becomes known to the agency before the end of the seven day period, the information contained in the report must be entered into NCIC before the end of that seven (7) day period.**
- **If no foul play was indicated initially but evidence of such becomes known to the agency after the seven day period, the information contained in the report must be entered into NCIC within forty eight (48) hours.**

If the person is mentally impaired or 65 years of age or older, a **Missing Adult Alert** may be warranted. This alert is based on several criteria:

- Individual is in fact missing – investigative steps have been taken to locate person but were unsuccessful – these steps may include but not be limited to:
  - Check local hospitals
  - Check local jails
  - Check with missing persons' neighbors to see if they know of boyfriend or girlfriend missing person may have had
  - Check neighborhood bars
  - Work closely with local agencies that deal with Alzheimer's or Adult Protective Services. They can provide assistance to help prevent impaired individuals from wandering and help locate those who do.
- Individual is 65 years of age or older or mentally impaired

- Their disappearance poses a credible threat of immediate danger or serious bodily harm or death to the individual
- There is sufficient descriptive information about the missing individual and the circumstances surrounding their disappearance to indicate that an alert activation would help in locating the individual.
- ALL ABOVE CRITERIA MUST BE MET FOR THE REQUEST TO QUALIFY AS AN ALERT

**Procedure for activating the alert:**

1. Responding officer confirms individual is missing and meets above listed Criteria.
2. Person is entered into LEADS and a Missing Adult Alert is requested. Entry notes to use:
  - “EME” or “EMI” code in “MKE” field
  - “SA” code in “MNP” field – only use this when requesting a Missing Adult Alert
  - BCI radio room and Ohio State Highway Patrol will be notified automatically
  - Ohio Attorney General’s Missing Children’s Clearing House will contact agency to confirm request and criteria

NCIC does not provide automatic notification on Missing Adult Alerts.

If the possibility exists that the missing individual went to another state, enter the individual into NCIC and contact the BCI radio room to request an alert. Send NLETS TT to each state that may be involved.

**When a missing person has been located the reporting agency shall promptly remove all information from NCIC.**

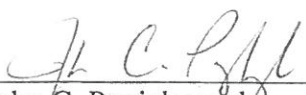
**OTHER CONSIDERATIONS FOR THE INVESTIGATION**

The agency representative taking the missing person report should also consider other investigative resources that may be required in the case. These would include but are not limited to:

- Ohio Attorney General’s Missing Children’s Clearing House: 614-466-5610

- DNA collection thru Project LINK – Kits and information available through BCI & I. (Uses DNA standard from missing person or family to be run through databases of unidentified deceased persons).
- National Center for Missing Adults: 1-800-690-FIND
- Local FBI office
- A Child is Missing: 1-888-875-2246
- Local Coroner
- <http://www.locateposters.org> – for missing persons posters
- CART activation if warranted
- Center for Human Identification: 1-800-763-3147
- Alzheimer’s Association – [www.alz.org](http://www.alz.org), 1-800-272-3900
- [www.projectlifesaver.us](http://www.projectlifesaver.us) – tracking devices for individuals (child & adult) at risk to wander away due to mental disability
- NAMUS – [www.namus.gov](http://www.namus.gov)
- Ohio’s Missing Adults – [www.ohiomissingadult.com](http://www.ohiomissingadult.com)
- Ohio’s Missing Adult Alert website – [www.missingadults.ohio.gov](http://www.missingadults.ohio.gov)
- Any other agencies and/or resources that may be available to assist in the investigation of the case

ISSUE DATE: September 14, 2010  
EFFECTIVE DATE: September 14, 2010  
REVIEWED: March 17, 2015

  
\_\_\_\_\_  
John C. Popielarczyk  
Chief of Police



# CITY OF MAPLE HEIGHTS, OHIO

## POLICE DEPARTMENT

5373 Lee Road, Maple Heights, Ohio 44137

216-662-1234

### MISSING PERSON STATEMENT

↓ THIS BOX FOR POLICE USE ONLY ↓	↓ THIS BOX FOR POLICE USE ONLY ↓
COMPLAINT NUMBER: MA _____ - _____	Person writing statement is (Check all that apply)
TIME INCIDENT OCCURRED: BETWEEN _____ / _____ / _____ HOURS DAY                  DATE	<input type="checkbox"/> Person Reporting
AND _____ / _____ / _____ HOURS DAY                  DATE	<input type="checkbox"/> Parent
ADDRESS OF INCIDENT: _____	<input type="checkbox"/> Legal Guardian
↑ THIS BOX FOR POLICE USE ONLY ↑	<input type="checkbox"/> PHOTO INCLUDED
	<input type="checkbox"/> No photo available
	↑ THIS BOX FOR POLICE USE ONLY ↑

TITLE	FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX (I, II, Sr, Jr)
D.O.B. / /	S.S.N. -- --	DRIVER'S LICENSE #		DRIVER'S LICENSE STATE
STREET ADDRESS			APARTMENT #	CITY
STATE	ZIP CODE	HOME TELEPHONE ( ) -	CELLULAR PHONE ( ) -	
WORK TELEPHONE ( ) - Ext.		EMAIL ADDRESS		
PLACE (NAME) OF WORK	WORK STREET ADDRESS	WORK CITY & STATE	WORK ZIP CODE	

<b>DESCRIPTION OF MISSING PERSON: To be completed by Parent or Guardian (* = required information)</b>				
*Full First Name _____		*Full Middle Name _____		
*Full Last Name _____		*Suffix(I, II, III, Sr., Jr.) _____	Cell #: _____	
*S.S.N. _____ - _____	*Race _____	*Sex (check one) <input type="checkbox"/> Male <input type="checkbox"/> Female		
Nickname _____	*Birthdate / /	*Age _____	*Height _____	*Weight _____
<b>PHYSICAL DESCRIPTION:</b>				
Physical Build (check one) <input type="checkbox"/> Very Heavy <input type="checkbox"/> Heavy <input type="checkbox"/> Medium <input type="checkbox"/> Thin <input type="checkbox"/> Very Thin				
* Current Hair Color _____		Natural Hair Color _____		
Hair Style _____		*Natural Eye color _____		
<input type="checkbox"/> Glasses <input type="checkbox"/> Contacts		Colored/tinted contact lenses <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what color _____		
Facial Hair (check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Beard <input type="checkbox"/> Goatee <input type="checkbox"/> Scruff <input type="checkbox"/> Mustache <input type="checkbox"/> Sideburns				
*Dental Form <input type="checkbox"/> Yes <input type="checkbox"/> No Dental Braces <input type="checkbox"/> Yes <input type="checkbox"/> No				
* Blood Type <input type="checkbox"/> A+ <input type="checkbox"/> A- <input type="checkbox"/> B+ <input type="checkbox"/> B- <input type="checkbox"/> AB+ <input type="checkbox"/> AB- <input type="checkbox"/> O+ <input type="checkbox"/> O- <input type="checkbox"/> Unknown				

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_ / \_\_\_\_ / \_\_\_\_ TIME \_\_\_\_ : \_\_\_\_ AM / PM

REPORTING OFFICER SIGNATURE \_\_\_\_\_ BADGE # \_\_\_\_\_



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**MISSING PERSON STATEMENT**

**MEDICAL INFORMATION:**

Physical/Mental Conditions/Needs \_\_\_\_\_

Currently taking medications?  Yes  No If yes, list medication, dosage and times taken \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**DISTINGUISHING TRAITS:**

Body piercing(s) (list locations on body) \_\_\_\_\_

Tattoos (describe and list locations on body) \_\_\_\_\_

Scars, marks, moles or blemishes (describe and list locations on body) \_\_\_\_\_

**CLOTHING:**

Clothing description    Shirt \_\_\_\_\_    Pants, shorts, skirt or dress \_\_\_\_\_    Socks \_\_\_\_\_

Shoes/Boots \_\_\_\_\_    Jacket/Coat \_\_\_\_\_    Hat/Gloves \_\_\_\_\_

Other Clothing (suit, tie, sweater, etc.) \_\_\_\_\_

Description of handbag, purse, schoolbag, wallet or other items carried \_\_\_\_\_

Did person have a change of clothing  Yes  No If yes, describe \_\_\_\_\_

Describe jewelry (necklaces, bracelets, rings, watches, anklets, studs, etc.) \_\_\_\_\_

**LAST KNOWN INFORMATION:**

Last contact    Date \_\_\_\_\_    Time \_\_\_\_\_     AM  PM     In person     Telephone     Other

Location \_\_\_\_\_    Last seen with \_\_\_\_\_

Last known destination(s) \_\_\_\_\_

Has missing juvenile been filed on for unruly  Yes  No

**VEHICLE INFORMATION:**

Vehicle  Yes  No    Vehicle description    Make \_\_\_\_\_    Model \_\_\_\_\_    Veh. Year \_\_\_\_\_

Style \_\_\_\_\_    Color \_\_\_\_\_    License plate # \_\_\_\_\_    License plate state \_\_\_\_\_

Other vehicle characteristics/identifying marks \_\_\_\_\_

**FACEBOOK SUBMISSION:**

I/We grant permission for the Cuyahoga County Sheriff's Office and/or the Maple Heights Police Department to feature my Missing Child on Facebook.

Parent/Guardian INITIALS \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_ TIME \_\_\_\_:\_\_\_\_ AM / PM

REPORTING OFFICER SIGNATURE \_\_\_\_\_ BADGE # \_\_\_\_\_



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**MISSING PERSON STATEMENT**

COMPLAINT NUMBER MA \_\_\_\_\_ - \_\_\_\_\_

NAME \_\_\_\_\_  
First Middle Last Suffix (I, II, Sr, Jr)

Large empty rectangular area for writing the statement.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_ / \_\_\_\_ / \_\_\_\_ TIME \_\_\_\_ : \_\_\_\_ AM / PM

REPORTING OFFICER SIGNATURE \_\_\_\_\_ BADGE # \_\_\_\_\_



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**MISSING PERSON STATEMENT**

Missing Person's Name	Date of Birth	Date of Last Contact
Investigating Officer	Badge #	Report #

The information requested on this form will be used to assist in the identification process. Your cooperation in completing this form is appreciated.

**Authorization to Release Dental Records**

I am the parent/legal guardian of the above named missing person and I hereby authorize the release of medical records to assist criminal justice agencies in locating the missing person.

Signature of Parent/Legal Guardian \_\_\_\_\_

Date \_\_\_\_\_

Relationship \_\_\_\_\_

Street Address \_\_\_\_\_

City, State and Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_

Dentist Name \_\_\_\_\_

Dentist Address \_\_\_\_\_

Dentist Phone Number \_\_\_\_\_





MAPLE HEIGHTS POLICE DEPARTMENT  
MISSING PERSON RETURN FORM

Original Complaint Number: \_\_\_\_\_

Return Complaint Number: \_\_\_\_\_

Missing Person Name: \_\_\_\_\_

Missing Person Address: \_\_\_\_\_

Missing Person SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

LOCATING PERSON INFORMATION

Locating Person: \_\_\_\_\_

Address/Agency: \_\_\_\_\_

Person Notifying Us: \_\_\_\_\_ Phone: \_\_\_\_\_

RETURN INFORMATION

Date Returned: \_\_\_\_\_ Time: \_\_\_\_\_

Place Located: \_\_\_\_\_

Circumstances of Return: \_\_\_\_\_

\_\_\_\_\_

Criminal Activity Suspected? \_\_\_\_\_

Original Complainant Notified by: \_\_\_\_\_

Notification Date: \_\_\_\_\_ Time: \_\_\_\_\_

(ENTER INITIALS AND ID NUMBER)

Cleared from LEADS/NCIC by Dispatcher: \_\_\_\_\_

Date Cleared: \_\_\_\_\_ Time: \_\_\_\_\_

NOTE: AFTER CLEARING MISSING PERSON IN COMPUTER, DUMP SCREEN TO PRINTER AND STAPLE SHEET TO BACK OF THIS FORM, THEN PLACE BOTH IN CANCELLED WARRANT CAPIAS BOX IN RADIO ROOM, TO BE ATTACHED TO REPORT BY RECORDS PERSONNEL ONLY.