

OSSEO POLICE DEPARTMENT
TREMPEALEAU COUNTY RUNAWAY REPORT

OFFICER : _____

CASE NUMBER: _____

DATE _____ TIME _____ DATE OF LAST CONTACT _____

PARENT / GUARDIAN _____ PHONE _____

HOME ADDRESS _____

JUVENILE NAME _____

SEX _____ HEIGHT _____ WEIGHT _____ EYES _____ HAIR _____

CLOTHING DESCRIPTION _____

TATOO / PIERCINGS / SCARS _____

GLASSES / CONTACTS _____ JEWELRY _____

POSSIBLY WITH (NAMES) _____

POSSIBLE DESTINATION _____

VEHICLE INFORMATION _____

OTHER INFORMATION _____

AUTHORIZATION

_____ is in our custodial care, and has run away from this care. We authorize the placement of this information on the NCIC national computer network to aid in his / her apprehension. If located, we authorize his / her detention and to accept responsibility for his / her return transportation.

COMPLAINANT SIGNATURE _____

RELATION TO RUNAWAY OR POSITION TITLE _____

NAME OF FACILITY (if applicable) _____

ADDITIONAL INFORMATION (i.e. Social Services placement information) _____
