

**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 \_\_\_\_\_

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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) \_\_\_\_\_

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