



# MISSING PERSON REPORT Pursuant to Penal Code §13519.07(d)

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|                                                                                                                                                                                                                                                                                                                                                                                                            |                          |  |                                                                                                 |  |                                                                                                                                           |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--|-------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------|--|
| <input type="checkbox"/> Adult <input type="checkbox"/> Child                                                                                                                                                                                                                                                                                                                                              | Date and Time of Report: |  | Date and Time of Last Contact:                                                                  |  | Report Number:                                                                                                                            |  |
| Report Type: <input type="checkbox"/> Runaway <input type="checkbox"/> Voluntary Missing Adult <input type="checkbox"/> Parental/Family Abduction <input type="checkbox"/> Dependent Adult <input type="checkbox"/> Unknown Circumstances <input type="checkbox"/> Stranger Abduction <input type="checkbox"/> Suspicious Circumstances <input type="checkbox"/> Catastrophe <input type="checkbox"/> Lost |                          |  |                                                                                                 |  |                                                                                                                                           |  |
| Category: <input type="checkbox"/> Prior Missing <input type="checkbox"/> Sexual Exploitation <input type="checkbox"/> Urgent Case <input type="checkbox"/> Silver Alert <input type="checkbox"/> Abducted During a Crime <input type="checkbox"/> Amber Alert <input type="checkbox"/> At Risk <input type="checkbox"/> Endangered Missing Advisory                                                       |                          |  |                                                                                                 |  |                                                                                                                                           |  |
| Name (Last, First, Middle):                                                                                                                                                                                                                                                                                                                                                                                |                          |  | Sex:<br><input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> UNK      |  | Race:                                                                                                                                     |  |
| Alias/Moniker/Nickname:                                                                                                                                                                                                                                                                                                                                                                                    |                          |  | DOB/Age:                                                                                        |  | Height:                                                                                                                                   |  |
| Weight:                                                                                                                                                                                                                                                                                                                                                                                                    |                          |  | Eye Color:                                                                                      |  | Facial Hair:                                                                                                                              |  |
| Corrective Lenses:<br><input type="checkbox"/> Glasses <input type="checkbox"/> Contacts                                                                                                                                                                                                                                                                                                                   |                          |  | Hair Color/Style:                                                                               |  | Scars/Marks/Tattoos:                                                                                                                      |  |
| Cell Phone Number:                                                                                                                                                                                                                                                                                                                                                                                         |                          |  | Residence Address, City, State, Zip Code:                                                       |  | Residence Phone Number:                                                                                                                   |  |
| Business Address, City, State, Zip Code:                                                                                                                                                                                                                                                                                                                                                                   |                          |  | Business Phone Number:                                                                          |  | Social Security Number:                                                                                                                   |  |
| FBI Number:                                                                                                                                                                                                                                                                                                                                                                                                |                          |  | Local Reference Number:                                                                         |  | Cit Number:                                                                                                                               |  |
| Email Address:                                                                                                                                                                                                                                                                                                                                                                                             |                          |  | Probation/Parole/Social Worker Name & Phone:                                                    |  | Social Networking Site(s) and Screen Name(s):                                                                                             |  |
| Clothing:                                                                                                                                                                                                                                                                                                                                                                                                  |                          |  | Alcohol, Drug, Mental Health, or Medical Condition(s):                                          |  | Jewelry:                                                                                                                                  |  |
| Last Known Location/Activity (Description or Address, City, State, Zip Code):                                                                                                                                                                                                                                                                                                                              |                          |  | Possible Destination (Description or Address, City, State, Zip Code):                           |  | Known Associates and Lifestyle:                                                                                                           |  |
| X-rays Available:<br>Dental: <input type="checkbox"/> Y <input type="checkbox"/> N<br>Skeletal: <input type="checkbox"/> Y <input type="checkbox"/> N                                                                                                                                                                                                                                                      |                          |  | Visible Dental Work: <input type="checkbox"/> Y <input type="checkbox"/> N<br>If yes, describe: |  | Dentures:<br><input type="checkbox"/> Upper <input type="checkbox"/> Full <input type="checkbox"/> Lower <input type="checkbox"/> Partial |  |
| Braces:<br><input type="checkbox"/> Upper <input type="checkbox"/> Lower                                                                                                                                                                                                                                                                                                                                   |                          |  | Dentist Name, Address, Phone Number:                                                            |  | Medical Provider Name, Address, Phone Number:                                                                                             |  |
| Photo Available: <input type="checkbox"/> Y <input type="checkbox"/> N                                                                                                                                                                                                                                                                                                                                     |                          |  | Age in Photo:                                                                                   |  | Fingerprints: <input type="checkbox"/> Y <input type="checkbox"/> N                                                                       |  |
| Broken Bones / Missing Organs: <input type="checkbox"/> Y <input type="checkbox"/> N                                                                                                                                                                                                                                                                                                                       |                          |  | If Yes, Describe:                                                                               |  | Registered Owner: <input type="checkbox"/> Missing Person <input type="checkbox"/> Suspect                                                |  |
| Color(s):                                                                                                                                                                                                                                                                                                                                                                                                  |                          |  | Make:                                                                                           |  | Model:                                                                                                                                    |  |
| Body Style:                                                                                                                                                                                                                                                                                                                                                                                                |                          |  | Veh. Year:                                                                                      |  | VIN:                                                                                                                                      |  |
| License Number:                                                                                                                                                                                                                                                                                                                                                                                            |                          |  | State/Province/Country:                                                                         |  | Reg. Year:                                                                                                                                |  |
| Operator: <input type="checkbox"/> Missing Person <input type="checkbox"/> Suspect <input type="checkbox"/> Other                                                                                                                                                                                                                                                                                          |                          |  | Damage to Vehicle:                                                                              |  | Registered Owner: <input type="checkbox"/> Missing Person <input type="checkbox"/> Suspect <input type="checkbox"/> Other                 |  |
| Damage to Boat:                                                                                                                                                                                                                                                                                                                                                                                            |                          |  | Boat Year:                                                                                      |  | Make:                                                                                                                                     |  |
| Model:                                                                                                                                                                                                                                                                                                                                                                                                     |                          |  | Body Style:                                                                                     |  | Color(s):                                                                                                                                 |  |
| Hull Number:                                                                                                                                                                                                                                                                                                                                                                                               |                          |  | State/Province/Country:                                                                         |  | Reg. Expiration:                                                                                                                          |  |
| Name (Last, First, Middle):                                                                                                                                                                                                                                                                                                                                                                                |                          |  | Relationship to Missing:                                                                        |  | Sex:<br><input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> UNK                                                |  |
| Race:                                                                                                                                                                                                                                                                                                                                                                                                      |                          |  | DOB/Age:                                                                                        |  | Address, City, State, Zip Code:                                                                                                           |  |
| Phone Number:                                                                                                                                                                                                                                                                                                                                                                                              |                          |  | E-Mail Address:                                                                                 |  | Scars/Marks/Tattoos:                                                                                                                      |  |
| Clothing:                                                                                                                                                                                                                                                                                                                                                                                                  |                          |  | Name (Last, First, Middle):                                                                     |  | Relationship to Missing:                                                                                                                  |  |
| Sex:<br><input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> UNK                                                                                                                                                                                                                                                                                                                 |                          |  | Race:                                                                                           |  | DOB/Age:                                                                                                                                  |  |
| Address, City, State, Zip Code:                                                                                                                                                                                                                                                                                                                                                                            |                          |  | Phone Number:                                                                                   |  | E-Mail Address:                                                                                                                           |  |
| FON Number:                                                                                                                                                                                                                                                                                                                                                                                                |                          |  | MPC Number                                                                                      |  | M                                                                                                                                         |  |

# Kentucky Missing Persons Report

**E Durkheim**



## **Kentucky Missing Persons Report:**

**Missing and Exploited Children** United States. Congress. Senate. Committee on the Judiciary. Subcommittee on Juvenile Justice,1986      Report of the Adjutant General of the State of Kentucky Kentucky. Adjutant-General's Office,1867

**Kentucky Administrative Regulations Service** ,2006      *Report of the Adjutant General of the State of Kentucky* Kentucky. Adjutant-General's Office,1980      **Administrative Register of Kentucky** ,1985      *History of Kentucky* Lewis Collins,1874 Embracing pre historic annals for 331 years outline and by counties statistics antiquities and natural curiosities geographical and geological descriptions sketches of the court of appeals the churches freemasonry odd fellowship and internal improvements incidents of pioneer life and nearly five hundred soldiers statesmen jurists lawyers surgeons divines merchants historians editors artists etc etc      **Report ... [with Annual Summary of The] Kentucky Section of the Climatological Service of the Weather Bureau** United States. Climatological Service. Kentucky Section,1903

**Congressional Record** United States. Congress,1944 The Congressional Record is the official record of the proceedings and debates of the United States Congress It is published daily when Congress is in session The Congressional Record began publication in 1873 Debates for sessions prior to 1873 are recorded in The Debates and Proceedings in the Congress of the United States 1789 1824 the Register of Debates in Congress 1824 1837 and the Congressional Globe 1833 1873

**Collins' Historical Sketches of Kentucky** Lewis Collins,1878      New Serial Titles ,1998 A union list of serials commencing publication after Dec 31 1949      **The War of the rebellion: a compilation of the official records of the Union and Confederate armies, prepared by R.N. Scott [and others]. 4 ser. 69 vols. [in 127 pt. 'Additions and corrections', dated 1902, have been inserted in the vols. With] Ser.1. Index to battles, campaigns, etc** United States dept. of war,1902      *Monthly Checklist of State Publications* Library of Congress. Exchange and Gift Division,1990

Spectator [Philadelphia]. An American Review of Insurance ,1912      *The Spectator* ,1912      **The Black Diamond** ,1923      *Congressional Record* ,1889      House documents ,1882      The War of the Rebellion United States. War Department,1886 Official records produced by the armies of the United States and the Confederacy and the executive branches of their respective governments concerning the military operations of the Civil War and prisoners of war or prisoners of state Also annual reports of military departments calls for troops correspondence between national and state governments correspondence between Union and Confederate officials The final volume includes a synopsis general index special index for various military divisions and background information on how these documents were collected and published Accompanied by an atlas      The Rebellion Record: A Diary of American Events ,1873      *The Encyclopedia of Unsolved Crimes* Michael Newton,2009 Over 800 entries examine the facts evidence and leading theories of a variety of unsolved murders robberies kidnappings serial killings disappearances and other crimes

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web the diary ng panget diary of an ugly is a tetralogy series of romantic comedy novels by a watterpad author under the name

of haveyouseenthisgirl the original unedited story was first posted on the online literary site wattpad

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web su misión en principio es explicar la irritación que amplios sectores de la sociedad están empezando a sentir contra las grandes marcas así como demostrar que las multinacionales han militarizado a sus oponentes

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