CHEYENNE RIVER SIOUX TRIBE
OFFICE OF LAW ENFORCEMENT SERVICES
2105 D Street
Eagle Butte, South Dakota 57625

MISSING PERSON / RUNAWAY REPORT

Missing Person ☐ Adult ☐ Child	**Date & Time of Report**	**Date & Time of Last Contact**
Investigating Officer		**Incident Report Number**

Report Type ☐ Missing Person ☐ Runaway ☐ Parental/Family Abduction ☐ Nonfamily/Stranger Abduction

Report Type ☐ Abducted During Crime ☐ Lost ☐ Injured

Missing Person Category

☐ 1 **Disability (EMD)** A person of any age who is missing and under proven physical/mental disability or is senile, thereby subjecting himself/herself or others to personal and immediate danger.

☐ 2 **Endangered (EME)** A person of any age who is missing under circumstances indicating his/her physical safety may be in danger.

☐ 3 **Involuntary (EMI)** A person of any age who is missing under circumstances indicating the disappearance may not have been voluntary, i.e., abduction or kidnapping.

☐ 4 **Juvenile (EMJ)** A person who is missing and not declared emancipated as defined by the laws of his/her state of residence and does not meet any of the entry criteria set forth in 1, 2, 3, or 5.

☐ 5 **Catastrophe Victim (EMV)** A person of any age who is missing after a catastrophe.

☐ **Other (EMO)** A person not meeting the criteria for entry in any other category who is missing and 1) for whom there is a reasonable concern for his/her safety, or 2) a person who is under age 21 and declared emancipated by the laws of his/her state of residence.

Missing Person Information

Name (Last, First, Middle)				**Suffix** (Jr, Sr, III, etc...)	**Sex:** ☐ M ☐ F
Alias/Moniker/Nickname		**Birth City, State, Hospital**		**Date of Birth**	**Age**
Height	**Weight**	**Eye Color**	**Hair Color**	**Hair Style** Other: ☐ Curly ☐ Straight ☐ Braided/Ponytail	
Hair Length ☐ Crew Cut ☐ Ear ☐ Collar ☐ Shoulder ☐ **Below Shoulder** Other:					
Facial Hair ☐ Beard ☐ Moustache ☐ Unshaven ☐ Goatee ☐ Sideburns ☐ **None** Other:					
Corrective Lenses ☐ Glasses ☐ Contacts		**Social Security Number**		**Race** ☐ American Indian Other:	
Scars/Marks/Tattoos/Deformities/Missing Limbs/Birth Marks/Etc... (Describe & Indicate Location on Body)					
Complexion ☐ Albino ☐ Fair/Light ☐ Medium ☐ Dark ☐ Black Other:					
Build ☐ Thin ☐ Average ☐ Medium ☐ Heavy ☐ Muscular Other:					
Teeth ☐ Normal ☐ Gold Capped ☐ Protruding ☐ Gaps ☐ Chipped ☐ Decayed Other:					
Residence (Physical) Address, City, State, Zip Code			Mailing Address, City, State, Zip Code		
Cell Phone Number (Include Provider)		Residence Phone Number		Message Phone Number	
Business (Physical) Address, City, State, Zip Code			Occupation		Business Phone Number
Driver's License/ID Number	**State**		**Tribal Affiliation**		
E-mail Address			**Probation/Parole/Social Worker Name & Phone**		
Social Networking Site(s) & Screen Name(s)					
Marital Status ☐ Single ☐ Divorced ☐ Married					
If Minor, Name of Parent/Guardian (Include Address & Phone Number) ☐ Reporting Person is Parent/Guardian					
If Minor, Custody Status/Custody Issues (If Applicable, Include Name of Court or Social Service Agency. Include Address & Phone Number) ☐ Court Ordered Custody ☐ Placement by a Social Service Agency ☐ Court Ordered Visitation Conditions: ☐ I Am The Parent, and My Right to Custody Has Not Been Terminated or Limited By an Order or Decree from Any Court of Law					

AUTHORIZATION TO RELEASE INFORMATION

If the missing person or runaway is a minor, I certify that I am the parent or guardian of the person described in this report, and that my right to the custody of said person has not been terminated or limited by an order or decree from any court of law.

I hereby authorize the Cheyenne River Sioux Tribe Law Enforcement, and any officer or employee thereof, or an officer or employee of any other criminal justice agency, to collect and/or disseminate the information provided by me, including photographs, dental and medical information; to any person or organization engaged directly or indirectly in any effort to assist in locating the missing person.

I certify the information I have provided is true and correct to the best of my knowledge.

Dated this _____day of _____20 _____.

Name _____Relationship _____

DOB _____Signature _____

Address _____

Phone Number _____

Investigator Signature _____Badge Number _____

Date Received _____Time Received _____

Associated Vehicle

Vehicle Year	Color(s)	Make	Model	Body Style

Vehicle Identification Number	License Plate Number	State

Registration Expiration	Operator
	☐ Missing Person ☐ Suspect ☐ Other Describe:

Damage to Vehicle/Modifications/Distinguishing Features/Miscellaneous

Registered Owner

☐ Missing Person ☐ Suspect ☐ Other Describe:

Reporting Person

Name (Last, First, Middle)	Relationship to Missing Person/Runaway

Cell Phone Number	Residence Phone Number	Business Phone Number	Message Phone Number

E-Mail Address	Date of Birth	Age	Sex: ☐ M ☐ F

Residence (Physical) Address, City, State, Zip Code	Mailing Address, City, State, Zip Code

PLEASE INCLUDE ANY PERTINENT INFORMATION REGARDING THE MISSING PERSON OR RUNAWAY NOT ADDRESSED ELSEWHERE ON THIS FORM

*******PLEASE SUBMIT A RECENT PHOTOGRAPH WITH REPORT*******

Photo Available ☐ Yes Photo Attached ☐ Yes Age in Photo _____

Abductor/Suspect

Name (Last, First, Middle)			**Suffix** (Jr, Sr, III, etc...)	**Sex** ☐ M ☐ F ☐ UNK	
Alias/Moniker/Nickname			**Date of Birth**	**Age**	
Height	**Weight**	**Eye Color**	**Hair Color**	**Hair Style** Other: ☐ Curly ☐ Straight ☐ Braided/Ponytail	
Hair Length ☐ Crew Cut ☐ Ear ☐ Collar ☐ Shoulder ☐ Below Shoulder Other:					
Facial Hair ☐ Beard ☐ Moustache ☐ Unshaven ☐ Goatee ☐ Sideburns ☐ None Other:					
Corrective Lenses ☐ Glasses ☐ Contacts		**Relationship to Missing**		**Race** ☐ American Indian Other:	
Scars/Marks/Tattoos/Deformities/Missing Limbs/Birth Marks/Etc...: (Describe & Indicate Location on Body)					
Clothing Description (Describe in Detail - Color, Brand, Etc...)					
Complexion ☐ Albino ☐ Fair/Light ☐ Medium ☐ Dark ☐ Black Other:					
Build ☐ Thin ☐ Average ☐ Medium ☐ Heavy ☐ Muscular Other:					
Teeth ☐ Normal ☐ Gold Capped ☐ Protruding ☐ Gaps ☐ Chipped ☐ Decayed Other:					
Residence (Physical) **Address, City, State, Zip Code**			**Mailing Address, City, State, Zip Code**		
Cell Phone Number		**Residence Phone Number**		**Message Phone Number**	
Business (Physical) **Address, City, State, Zip Code**			**Business Phone Number**		
Driver's License/ID Number	**State**		**Tribal Affiliation**		
Email Address			**Probation/Parole/Social Worker Name & Phone**		
Social Networking Site(s) & Screen Name(s)					

Background Information

Has the Child's Friends Changed

☐ Yes ☐ No If yes, Explain:

Has the Child's Taste in Music Changed

☐ Yes ☐ No If yes, Explain:

Has the Child's Personality Changed

☐ Yes ☐ No If yes, Explain:

Has the Child's Behavior Changed

☐ Yes ☐ No If yes, Explain:

Has the Child's Manner of Dressing Changed

☐ Yes ☐ No If yes, Explain:

Is the Child a Cell Phone User, and Which Carrier Provides the Service

☐ Yes ☐ No If yes, Explain:

Does the Child Accesses the Internet, Where and When Does Access Occur, and via What Carrier

☐ Yes ☐ No If yes, Explain:

Has the Child's Use of the Internet and Online Devices Increased

☐ Yes ☐ No If yes, Explain:

Has the Child Received Unaccounted for Funds or Gifts

☐ Yes ☐ No If yes, Explain:

Has the Child Purchased Expensive Items with no Known or Vague Funding Sources

☐ Yes ☐ No If yes, Explain:

Has the Child Started Dating an Older Boy-or Girlfriend

☐ Yes ☐ No If yes, Explain:

Has the Person Been Reported as Missing Before, if Yes Where Were They Located

☐ Yes ☐ No If yes, Explain:

Is The Missing Person Absent in a Way Inconsistent with His or Her Established Patterns of Behavior and the Deviation Cannot be Readily Explained

☐ Yes ☐ No If yes, Explain:

Is the Missing Person Believed to be in the Company of an Individual who Could Endanger His or Her Welfare

☐ Yes ☐ No If yes, Explain:

What Do You Think Happened to the Missing Person

Background Information

Type of Hangouts Frequented (i.e., Arcades, Bowling Alleys, Skating Rinks, Casinos, etc...)

Hobbies & Interests (i.e., Dancing, Swimming, Jogging, Fishing, etc...)

Known Friends/Associates/Relatives (Include Addresses & Phone Numbers)

Are There Any Recent Changes in the Missing Persons Behavior

Has Any Individual Recently Showed Unusual Attention to or Interest in the Missing Person

Does the Missing Person Have Any Other Electronic Communication Device (i.e., Smart Phone, Tablet, Smart Watch, Computer, etc...)

Does the Missing Person Have Access to the Internet ☐ Yes

Do You Think it Has Any Role in the Disappearance

☐ Yes Explain

Background Information

Has the Child Been Sneaking out at Night

☐ Yes ☐ No If yes, Explain:

Has the Child Been Skipping School

☐ Yes ☐ No If yes, Explain:

Has the Child's Grades Fallen

☐ Yes ☐ No If yes, Explain:

Has the Child Been Increasingly Tardy

☐ Yes ☐ No If yes, Explain:

Has the Child Used, or Does the Child Continue to Use, Prescription Medications, Over-The-Counter Medications, Alcohol, and/or Illegal Substances

☐ Yes ☐ No If yes, Explain:

Is the Child Often Tired

☐ Yes ☐ No If yes, Explain:

Miscellaneous Information

Is the Person Suffering Stress Such as Bereavement from the Loss of a Family Member of Friend

☐ Yes ☐ No If Yes, Explain

Is the Person Suicidal

☐ Yes ☐ No If Suicidal, by What Means is the Person Most Likely to Attempt to Commit Suicide

Has the Person Experienced a Sudden, Abrupt, or Recent Change in Close Relationships Such as With a Boy- or Girlfriend

☐ Yes ☐ No If Yes, Explain

Has the Person Experienced a Family-Changing Event Such as the Break-Up or Divorce of Parents

☐ Yes ☐ No If Yes, Explain

Has the Person Experienced Recent Problems at School Related to a Poor Report Card or Suspension / Expulsion

☐ Yes ☐ No If Yes, Explain

Is the Person Enrolled in a Grade Level Consisten tf orHis or Her Age, and if Not, is it Higher or Lower and Why

☐ Yes ☐ No If Yes, Explain

Has the Person Experienced Learning Disorders, a Diminished Intellectual Capacity, Memory Loss, and/or Challenges with Sexual Orientation

☐ Yes ☐ No If Yes, Explain

Is the Person Known to Exhibit Violent, Aggressive, Abusive, or Pedophilic Behavior

☐ Yes ☐ No If Yes, Explain

Is the Person Known to Suffer from Mood Swings, Be Passive, or Be Withdrawn

☐ Yes ☐ No If Yes, Explain

Is the Person Involved in Anti-Social or High-Risk Behavior such as Involvement in Violent or Nonviolent Criminal Activities, Illegal Drug or Alcohol Use, Prostitution, or Gang Activity

☐ Yes ☐ No If Yes, Explain

Is the Person in a Gang, if so What is the Gang Name

☐ Yes ☐ No If Yes, Explain

Clothing Description (Describe In Detail - Color, Brand, Size, Etc.)

Overcoat / Coat	**Blouse**
Trousers	**Shirt**
Vest	**Shoes**
Necktie	**Collar**
Hat/Cap	**Stockings**
Gloves	**Skirt / Dress**
Other	
Laundry Marks	
Jewelry	
Currency, Credit & Debit Cards Carried	

Miscellaneous Information

Alcohol, Drug, Mental Health, Behavioral Disorders, or Other Medical Condition(s)

Does the Person Require Life-Sustaining Medications
☐ Yes ☐ No If Yes, Explain

Present Mental State: ☐ Depressed ☐ Amnesia ☐ Suicidal Other:

Medication(s) Required ☐ Yes ☐ No ☐ Unknown	**Type, Frequency, Reason Needed**
Dental Records Available ☐ Yes ☐ No ☐ Unknown	**Dentist Name, Address, Phone Number**

X-Rays Available ☐ Dental ☐ Skeletal	**Visible Dental Work** ☐ Yes Describe:	**Pregnant** ☐ Yes ☐ No ☐ NA

Dentures ☐ Upper ☐ Lower ☐ Full ☐ Partial ☐ No	**Braces** ☐ Upper ☐ Lower ☐ No

Medical Records Available ☐ Yes ☐ No ☐ Unknown	**Medical Provider Name, Address, Phone Number**

Broken Bones/Missing Organs ☐ Yes Describe:	**Blood Type**

Fingerprints Available ☐ Yes ☐ No	**Location of Fingerprints**
DNA Available ☐ Yes ☐ No	**Location of DNA**

Miscellaneous Information

Location Last Seen/Last Known Location (Address, City, State, Zip Code. Include Name of homeowner if a Residence or Name of Business)

Last Seen With (Name, Age, Address, and Relationship)

Last Known Activity (Describe)

Possible Destination/Direction of Travel/Trip Plans (Address, City, State, Zip Code. Include Name of Business or Homeowner)

Locations You Searched/People You Spoke With Prior to Contacting Law Enforcement

Cause of Absence

Miscellaneous Information

If Lost, Outdoor Experience

Is the Person Familiar With the Area ☐ Yes ☐ No

Does the Person Have Food and Water ☐ Yes ☐ No If Yes, How Much:

Does the Person Have any Wilderness or Outdoor Survival Training or Experience ☐ Yes ☐ No

If Lost on Foot, Hiking Habits

How Fast Does the Person Hike:

Does the Person Stay on Trails, or Goes Cross-Country:

Any Special Interests, i.e., Lakes, Landmarks, Animal Habitats, Etc.:

If Lost, Personal Habits and Traits

Does the Person Smoke or Use Smokeless Tobacco. ☐ Yes ☐ No If, Yes What Brand:

Does the Person Use Alcohol. ☐ Yes ☐ No If Yes, What Type:

Is the Person Religious:

Is the Person Persistent vs. Being a Quitter:

Is the Person Emotionally Stable vs. a History of Being Unstable: