

# Maryland's Missing Person's Report Form

## SPECIFICATIONS

The new Maryland Missing Person's Report Form is designed to be produced consistent with the following specifications:

1. Two (2) page NCR form, with the first page being two (2) sided.
2. 8.5 X 11 with a 5/8" stub line hole punches on top
3. First page is white 16#
4. Second page is canary 14.5 #
5. Third page is pink 14.5 #
6. Fourth page is goldenrod 15#
7. 1/0 black ink

Classification Code  
(Must Be Completed)

Reporting Agency ORI No.  
Agency Case No.

## STATE OF MARYLAND MISSING PERSON REPORT FORM

1. Name					2. Race		3. Sex		4. DOB		5. Place of birth				
6. HGT		7. WGT		8. EYE		9. HAIR		10. NCIC Fingerprint <input type="checkbox"/> YES <input type="checkbox"/> NO		11. Foot Print <input type="checkbox"/> YES <input type="checkbox"/> NO		12. Blood Type		13. Box X-Ray <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None <input type="checkbox"/> UNK	
14. Corrective Vision Prescription: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK					15. Jewelry Type			16. Jewelry Description				17. Caution Code (See Reverse) Circumcision <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK			
18. Social Security No.			19. FBI No.		20. Misc. No.		21. Scars and Marks			22. Skin Tone		23. DNA Collected <input type="checkbox"/> YES <input type="checkbox"/> NO			
24. Operators License			25. State of Issue			26. Year Expires			27. Emancipated <input type="checkbox"/> YES <input type="checkbox"/> NO						
28. INVOLVED VEHICLE COLORS					YEAR		MAKE		BODY/MODEL		29. IDENTIFYING CHARACTERISTICS OF VEHICLE				
30. VIN:					31. REGISTRATION INFORMATION STATE TAG NO. YEAR EXP.					32. Vehicle Processed <input type="checkbox"/> YES <input type="checkbox"/> NO					
33. MIS. PERSON'S RESIDENCE Address City					34. RES. PHONE										
35. MIS. PERSON'S EMPLOYER OR SCHOOL ATTENDS City State Zip Code															
36. BUS. PHONE NUMBER					37. GENERAL BROADCAST <input type="checkbox"/> YES <input type="checkbox"/> NO					DATE & TIME					
38. ADDRESS MISSING PERSON LAST SEEN			39. Loc.		40. Co. Code		41. Zip Code		42. Weather		43. Date & Time Last Seen		44. Date/Time Reported		
<b>DESCRIPTION OF MISSING PERSON</b>														<b>Photo Submitted</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
45. EYE COLOR <input type="checkbox"/> Black <input type="checkbox"/> Brown <input type="checkbox"/> Blue <input type="checkbox"/> Gray <input type="checkbox"/> Green <input type="checkbox"/> Hazel <input type="checkbox"/> Maroon <input type="checkbox"/> Pink <input type="checkbox"/> Multicolored <input type="checkbox"/> Unknown <input type="checkbox"/> Other															
46. HAIR COLOR <input type="checkbox"/> Black <input type="checkbox"/> Brown <input type="checkbox"/> Blond <input type="checkbox"/> Red <input type="checkbox"/> Other						47. HAIR LENGTH <input type="checkbox"/> Ear <input type="checkbox"/> Collar <input type="checkbox"/> Shoulder <input type="checkbox"/> Below Shoulder <input type="checkbox"/> Crew Cut/Military <input type="checkbox"/> Bald <input type="checkbox"/> Other									
48. HAIRSTYLE <input type="checkbox"/> AFRO <input type="checkbox"/> STRAIGHT <input type="checkbox"/> CURLY <input type="checkbox"/> GREASY <input type="checkbox"/> BRAIDED/PONYTAIL <input type="checkbox"/> OTHER						49. FACIAL HAIR <input type="checkbox"/> NONE <input type="checkbox"/> BEARD <input type="checkbox"/> MUSTACHE <input type="checkbox"/> UNSHAVEN <input type="checkbox"/> GOATEE <input type="checkbox"/> SIDEBURNS <input type="checkbox"/> OTHER									
50. COMPLEXION <input type="checkbox"/> ALBINO <input type="checkbox"/> FAIR, LIGHT <input type="checkbox"/> DARK <input type="checkbox"/> ACNE <input type="checkbox"/> BLACK <input type="checkbox"/> MEDIUM <input type="checkbox"/> RUDDY <input type="checkbox"/> FRECKLED <input type="checkbox"/> TANNED <input type="checkbox"/> OLIVE <input type="checkbox"/> OTHER						51. BUILD <input type="checkbox"/> THIN <input type="checkbox"/> HEAVY <input type="checkbox"/> MEDIUM <input type="checkbox"/> MUSCULAR <input type="checkbox"/> OTHER									
52. TEETH <input type="checkbox"/> NORMAL <input type="checkbox"/> GAPS <input type="checkbox"/> GOLDCAPPED <input type="checkbox"/> CHIPPED <input type="checkbox"/> PROTRUDING <input type="checkbox"/> DECAYED <input type="checkbox"/> OTHER															
53. SCARS, MARKS, TATTOOS, DEFORMITIES (Describe and indicate location on body)															
54. CLOTHING AND PERSONAL EFFECTS. Please indicate those items the missing person was last seen wearing. Include style, type, size, color, condition, labels, or laundry markings.															
Item		Brand/Marking		Size		Color		Item		Brand/Marking		Size		Color	
Head Gear								Shoes/Boots/Sneakers							
Scarf/Tie/Gloves								Underwear							
Coat/Jacket/Vest								Bra/Girdle/Slip							
Sweater								Stockings/Pantyhose							
Shirt/Blouse								Wallet/Purse							
Pants/Skirt								Money							
Belts/Suspenders								Body Piercing							
Socks								Glasses							
<b>Medical &amp; Other Identifiers</b>															
<b>Medical/Dental Release Authorized By</b>															
55. Name, Address, Tel. No. of Doctor, if any <input type="checkbox"/> UNK						56. Name, Address, Tel. No. of Dentist, if any <input type="checkbox"/> UNK						57. Dentist Records Available <input type="checkbox"/> Yes <input type="checkbox"/> No Medical Records Available <input type="checkbox"/> Yes <input type="checkbox"/> No			
58. MEDICATION(S)								59. MEDICAL/PHYSICAL PROBLEMS							

CHILDREN

- /K A missing child who is reasonably believed to have been kidnapped or abducted by someone other than a parent.
- /PC A missing child who is reasonably believed to have been abducted by a parent or guardian who has legal custody. Include all cases where there is no formal custody agreement to the contrary.
- Pw A missing child who is reasonably believed to have been abducted by a parent or guardian who does not have custody. Include only those cases where it has been reported that a formal custody agreement to the contrary exists.
- /C A missing child who is considered critically missing by the existence on one or more critical factors.
- /M A missing child 14 years of age or older, for whom no critical factors are known to exist.

ADULTS

- /D A missing adult documented as suffering from a mental or physical disability or is senile.
- /E A missing adult documented as being in the company of another person under circumstances indicating physical safety is in danger.
- 1 A missing adult under circumstances indicating the disappearance was not voluntary, i.e. kidnap or abduction.
- /M A missing adult in which no critical factors are known to be present.

MILES/NCIC Caution Codes

CODE	MEANING
A	ARMED
B	DANGEROUS
C	MENTAL
D	ARMED/MENTAL
E	SUICIDAL
F	ARMED/SUICIDAL
G	RESISTS ARREST
H	ARMED/RESISTS
I	DANGEROUS/RESISTS
J	MENTAL/RESISTS
K	SUCIDAL/RESISTS
L	APPROACH WITH CAUTION
M	ASSAULTS POLICE OFFICER
N	DRUG USER/SELLER

Enter the two letter location code:

- VC = Residence Curtilage (Victim)
  - VP = Residence (Victim)
  - OR = Other Residence Curtilage
  - OR = Other Residence
  - AP = Amusement Park
  - OP = Other Park
  - CH = Church
  - CG = Campground
  - CS = Convenience Store
- HO = Hospital
  - MH = Motel/Hotel
  - ND = Nursery/Day Care
  - OT = Other
  - PA = Other Public Area
  - PC = Parking Lot Commercial
  - PG = Playground
  - PR = Parking Lot - Residential
  - PT = Public Transportation Area
- RF = Restaurant/Fast Food
  - RS = Retail Store
  - SB = School Bus Stop
  - SC = School
  - SM = Shopping Mall
  - SP = Beach/Swimming Pool
  - SY = School Yard
  - UK = Unknown

COMPLAINANT/REPORTING PERSON										
60. Complainant (Last, First, Middle)			Race-Sex-DOB		Code		61. Complainant's Address		62. Res. Phone	63. Bus. Phone (Work Hrs)
64. Complainant's Signature					I do solemnly declare and affirm, under penalty of perjury that the information I provided is true and correct to the best of my knowledge.				65. Cell Phone	
FRIENDS, ASSOCIATES, ETC. OF MISSING PERSON/IN THE COMPANY OF										
Code—W-Witness P-Parent/Guardian A-Associate/Friend R-Relative										
66. Name (Last, First, Middle)				Race	Sex	DOB/Age	Ht.	Wt.	Eyes	Hair color
Alias/Nicknames										
67. Address			Phone		68. Miscellaneous			69. Rel. To Victim		Code
70. Clothing – Characteristics				71. Prior Arrest <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK				72. Weapons Description		
73. VEHICLE INFORMATION FOR ASSOCIATE OTHER										
74. VEHICLE DESCRIPTION:										
75. Year	76. Make	77. Model	78. Style	79. Color (Top/Bottom)			80. Equipment, Characteristics			
81. VIN:				82. Registration Information STATE YEAR TAG				83. Veh. Processed		
INVESTIGATIVE BACKGROUND INFORMATION										
84. Missing Person's Cell Phone Number			85. Contract/Carrier For This Phone				86. Copy of Billing Information for Contact List On This Phone <input type="checkbox"/> YES <input type="checkbox"/> NO			
Computer If left on, do not turn off; if off, do not turn on as this could be important for forensic investigators.										
87. Email address: Computer Seized <input type="checkbox"/> Yes <input type="checkbox"/> No			88. Internet Service Provider (ISP)				89. Screen Name Used by Missing Person (If Known)			
90. Credit Card Accounts			91. Bank/ATM				92. Misc.			
93. Possible Cause of Absence			94. Probable Destination				95. No. of Times Person Has Been Missing <input type="checkbox"/> None <input type="checkbox"/> Less Than 5 <input type="checkbox"/> More Than 5			
96. ADDITIONAL INFORMATION										
97. Date Supplement Report Due		98. Initial Status <input type="checkbox"/> Open <input type="checkbox"/> Unfounded <input type="checkbox"/> Closed			99. Initial Investigator			100. ID No.	101. Date	
102. Related Report No's. a. NIC# b. c.				103. Reviewing Supervisor			104. ID No.	105. Date		
106. <input type="checkbox"/> NCIC Entered <input type="checkbox"/> NCIC CLEARED			107. FINAL STATUS (Check One) <input type="checkbox"/> Open <input type="checkbox"/> Closed			108. Classification (Office Use)		109. UCR Disp.		

**NOTE: USE CONTINUATION SHEET FOR NARRATIVE AND ADDITIONAL INFORMATION**

**MARYLAND CENTER FOR MISSING PERSONS  
1-800-637-5437**

- **Agency Data**

This data pertains to the agency taking the missing person report.

Classification Code

The classification code table appears on the reverse side of the first (original) page and consist of 2 or 3 characters. Only the codes listed should be used.

Reporting Agency ORI #

The unique number assigned to each agency by the state. This is the same numeric identifier you enter on a MAARS form.

Agency Case #

The unique case number assigned by your agency to each case it investigates.

- **Missing Person Data**

Block 1 The missing persons full Name in a last, first, middle format.

Block 2 The missing persons Race consistent with the numeric codes utilized on a Maryland Uniform Citation.

Block 3 The missing persons sex, enter M or F

Block 4 The missing persons date of birth entered as MM/DD/YY

Block 5 The missing persons place of birth entered as City and State or if not USA, Country.

Block 6 The missing person height, consistent with your agencies reporting standards, either 5'6" or 66 inches.

Block 7 The missing persons weight in pounds.

Block 8 The missing persons eye color, using only descriptors listed in block #46.

Block 9 The missing persons hair color, using only descriptors listed in block #47.

Block 10 Indicate whether NCIC prints are on file or not.

- Block 11 Indicate whether a footprint impression is available.
- Block 12 Indicate the missing persons blood type, utilizing only one of the following: O-, O+, A-, A+, B-, B+, AB-, AB+, or unk.
- Block 13 Make appropriate selection for both inquiries.
- Block 14 Make appropriate selection.
- Block 15 Indicate Jewelry type, (i.e. bracelet, rings, necklace, piecing, etc.)
- Block 16 Describe jewelry, ( i.e. gold, silver, color of stones, shape, distinguishing features).
- Block 17 NCIC Caution Codes located on the reverse side of the first page.
- Block 18 The missing persons social security number, enter full number, unknown, or none
- Block 19 The missing persons FBI # , enter full number, unknown, or none.
- Block 20 Enter any misc # if known, local ID, special permits (i.e.. handgun permit).
- Block 21 Enter any scars or distinguishing marks, use block 97 if more space needed.
- Block 22 Enter the skin tone, using only descriptors found in Block 51.
- Block 23 Make appropriate selection, handle all collections as evidence.
- Block 24 Enter full operators license #.
- Block 25 Enter State of issue for operators license.
- Block 26 Enter the year the operators license expires, enter as 4 digits.
- Block 27 Make appropriate selection.
- Block 28 Enter appropriate selections for all inquiries.

- Block 29 Provide any identifying characteristics, (damage, multiple colors, decals, modifications)
- Block 30 Enter the full VIN of the vehicle, or unknown.
- Block 31 Enter responses to all inquiries, there are cases where the response will be unknown.
- Block 32 Indicate appropriate response.
- Block 33 Provide full residential address, including zip code.
- Block 34 Enter missing persons residential phone number, including area code.
- Block 35 Enter complete information on employer or school, or enter not student/not employed.
- Block 36 Enter to missing persons business phone number including area code, or none.
- Block 37 Enter yes or no and complete date and time in format used by your agency.
- Block 38 Enter the address missing person was last seen, residence, work, or school are appropriate entries.
- Block 39 Enter location code from the reverse of the first (original) page.
- Block 40 Enter the county code as used by your jurisdiction on accident forms, (ORI).
- Block 41 Enter the zip code.
- Block 42 Enter the weather at the time of the missing person was last seen, (clear, dry, rain, snow, windy, etc.).
- Block 43 Enter the date and time missing person was last seen, in format used by your agency.
- Block 44 Enter the date and time report was taken, in format used by your agency.
- Block 45 Enter missing persons eye color, using only the selections offered.

Block 46 Enter missing persons hair color, using only the selections offered.

Block 47 Enter missing persons hair length, using only the selections offered.

Block 48 Enter missing persons hair style, using only the selections offered.

Block 49 Make appropriate selection of facial hair, using only the selections offered.

Block 50 Indicate missing persons complexion, using only the selections offered.

Block 51 Indicate the missing persons build, using only the selections offered.

Block 52 Indicate the appropriate characterization of the missing persons teeth, if other provide comment.

Block 53 Indicate any scars, marks, tattoos, or deformities of the missing person, use block #97 if more space is needed.

Block 54 Complete all appropriate inquiries

Block 55 Complete information to degree possible

Block 56 Complete information to degree possible

Block 57 Indicate appropriate responses to all inquiries

Block 58 Indicate any and all medications the missing person is taking

Block 59 Indicate any known medical conditions of the missing person

- **Friends, Associates, The Company Of Data**

Block 60 Enter the full name, alias', or nickname of friend, associate, or person last seen in the company of the missing person and provide full descriptive information



- Block 61 Enter the full address and phone number
- Block 62 Enter any miscellaneous comments
- Block 63 Enter the appropriate code as appears on the reverse of the first, (original) page
- Block 64 Indicate the appropriate characterization of the persons clothing
- Block 65 Mark the appropriate selection
- Block 66 Describe any known weapons
- Block 67 Provide all requested information on the complaining party, including the appropriate code, found on the reverse of the first, (original) page
- Block 68 Indicate the complainants full address
- Block 69 Indicate the complainants home phone number
- Block 70 Indicate the complainants work phone # and work hours
- Block 71 Have the complainant sign the report form, and enter the appropriate code from the reverse of the first, (original) page
- Block 72 Enter the complainants cell phone #
- Block 73 Indicate who the following information is for
- Block 74 Provide a full vehicle description
- Block 75 Enter the year of the vehicle
- Block 76 Enter the make of the vehicle
- Block 77 Enter the model of the vehicle

Block 78 Enter the style of the vehicle, (IE conv, sedan, suv, pick up etc.)

Block 79 Enter color, or color scheme if appropriate

Block 80 Enter any special equipment or characteristics, (IE lowered, oversize tires etc.)

Block 81 Enter the vehicle vin

Block 82 Provide the request information in all three categories

Block 83 Indicate if the vehicle was processed

- **Investigative Data**

Block 84 Provide missing persons cell phone number

Block 85 Indicate carrier for missing persons phone

Block 86 Indicate whether billing information is available for this phone

Block 87 Enter requested information, being mindful of cautions in block

Block 88 Indicate internet provider

Block 89 Enter scene name of missing person if known

Block 90 List any known credit card accounts

Block 91 List bank used by missing person or ATM frequented

Block 92 Enter any miscellaneous pertinent information

Block 93 Enter probable cause of missing persons absence

Block 94 Enter probable destination

Block 95 Complete appropriate block

- **Additional Data**

Block 96 Provide any additional information

Block 97 To be completed by supervisor

Block 98 To be completed by supervisor

Block 99 Original investigator should sign in this block

Block 100 Officer should record their unique identification #

Block 101 Record the date the report is being completed

Block 102 Indicate any related reports, including any NCIC reports

Block 103 The reviewing supervisor should sign the report here

Block 104 The reviewing supervisors unique identification #

Block 105 Enter the date the report was reviewed

Block 106 Enter the NCIC status

Block 107 Indicate the report status

Block 108 Completed by records section

Block 109 Completed by records section

## Chestertown Police Department / Rock Hall Police Department Special Response Team (CPD/RHPD SRT) Deployment

Subject: Special Response Team (SRT) Deployment

Issue Date: September 23, 2009

Effective Date: October 1, 2009

1. PURPOSE: This policy is to establish guidelines and criteria for activation and deployment of the Chestertown Police / Rock Hall Police Special Response Team.
2. POLICY: It is the policy of the Chestertown Police Department / Rock Hall Police Department to affect the arrest of violent offenders, execute search warrant and conduct other operations as safely as possible for our officers, citizens and the offenders being apprehended. Therefore, these two agencies have jointly formed a Special Response Team, or SRT, to respond to such incidents. The SRT consists of members of the Chestertown Police Department and Rock Hall Police Department whom have been specially trained in such techniques needed to carry out these assignments.
3. PROCEDURES:
  - 3.1 Activation of SRT
    - 3.1.1 The SRT will be activated by the SRT Supervisor acting on behalf of the joint Chiefs of Police
    - 3.1.2 Activation may be by telephone, pager or other form of communications directly to the SRT Supervisor who will then notify Team Leader and team members when to respond and where to stage.
    - 3.1.3 The SRT shall be considered for the following operations:
      - 3.1.4.1 search warrant service
      - 3.1.4.2 covert surveillance operations
      - 3.1.4.3 security operations
      - 3.1.4.4 any other incident that may require the SRT's expertise or strengths
    - 3.1.5 Intelligence Data
      - 3.1.5.1 Suspects names, address, age, location, mental state / demeanor, criminal history and reason for current activity or behavior

3.1.5.2 Floor plans, drawings, areas accessible by suspect and any known weapons, dogs, small children or other hazards.

3.1.5.3 Photos of suspects and vehicles they are known to use

3.1.5.4 Any other active warrants for suspects

3.1.6 Use of Command Post

3.1.6.1 The Chief of Police from the joint agency shall determine when use of the Command Post is required.

3.1.6.2 The operator assigned to the Command Post shall keep a detailed log during its use. This shall include all general information, date, times, radio transmissions and assignments. The Command Post operator shall also make sure unit is in good working order, full of fuel and ready for use when needed.

3.1.7 Training

3.1.7.1 Training of members shall be at least thirty-five (35) hours Basic SWAT / Warrant Execution Training

3.1.7.2 Monthly training shall be the responsibility of the SRT leader with assistance from the SRT supervisor.

3.1.7.3 Records of training shall be the responsibility of the SRT team leader and will include dates, type of training, location, as well as members who attended.

3.1.8 After Deployment Reports

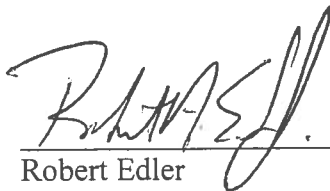
3.1.8.1 The SRT supervisor shall be responsible for all After Deployment Reports for both agencies and to the Governor's Office of Crime Control Prevention (GOCCP).

3.1.8.2 The SRT supervisor shall provide a copy of After Deployment Reports to both Chiefs of Police for their files.

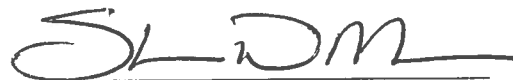
3.1.9 Assignments

3.1.9.1 SRT Supervisor: Lt. William J. Dempsey, Rock Hall Police Department

3.1.9.2 SRT Leader: Sgt. Christopher Wode, Chestertown Police Department



Robert Edler  
Chief of Police  
Chestertown Police Department



Steven W. Moore  
Chief of Police  
Rock Hall Police Department

## **K-9 TRAINING AIDS**

### **I. Purpose**

It is the purpose of this policy to establish guidelines for the proper storage for K-9 training aids used in the training of this agency's K-9's.

### **II. Policy**

1. Training aids will be obtained from the Drug Enforcement Administration under licensing by State and Federal guidelines.
2. It is the policy of the Rock Hall Police Department to store K-9 training aids in lockers #4 and #5 in the patrol room.
3. It is the policy of the Rock Hall Police Department that only the Patrol Supervisor and the K-9 Corporal will have access to the training aids.
4. It is the policy of the Rock Hall Police Department that K-9 training aids will be signed out and signed back in by either the Patrol Supervisor or the K-9 Corporal.
5. It is the policy of the Rock Hall Police Department that once every month, K-9 training aids will be checked and weighed by the Patrol Supervisor and the Chief of Police and logged into the proper logs.
6. It is the policy of the Rock Hall Police Department that any damaged, missing or lost training aids shall be reported to the Patrol Supervisor in the form of a detailed report.
7. It is the policy of the Rock Hall Police Department that State and Federal licensing renewal shall be completed by the Patrol Supervisor and kept current.