REPORTING PERSON'S INFORMATION

| Name: | |
|---------------------------------|--|
| Phone Number: | |
| Relationship to Missing person: | |

MISSING PERSONS DAY CHECKLIST

Please complete this checklist with as much detail as possible. Once complete, please email this checklist and any documentation to <u>medical.examiner@cookcountyil.gov</u> or fax 312-997-4544

Missing Person's Information

Full Name (First / Middle / Last):

| Date of birth: |
|--|
| Birthplace: |
| Nicknames/AKA: |
| Most recent addresses: |
| |
| |
| |
| Any other friends or acquaintances who might have information? |
| |
| Any regular hangouts, churches, temples, places of employment? |
| |
| |
| Most recent employer: |
| |
| Police report filed Y N Police Agency |
| Police report number |

Physical Description

| Gender: | Race: | Ethnicity: | |
|----------------------|--------------------------------|-------------------|--|
| Height: | Weight: | Eye color: | |
| Hair color/style: | | | |
| Distinguishing marks | s (tattoos, birthmarks, scars, | piercings, etc.): | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Details of Last En | counter | | |
| Date/Time: | | | |
| Circumstances (whe | re, what was happening, wh | o was there): | |
| | | | |
| | | | |
| | | | |
| Clothing worn and si | zes (if known): | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Any health complain | its? | | |
| | | | |
| | | | |

Social History

Safety concerns such as illicit drug use, mental illness, medical conditions, etc?

If yes, please explain (include specific drugs, medical diagnosis or history of suicide, if possible)

Arrest history? _____

If so, where, when, why and for how long?

History of homelessness?

Medical History

Please list any surgical scars, artificial parts or implants (such as screws, plates, silicone implants) that you know him/her to have

If yes, please explain (include physician, dentist, or other health care provider if possible)

Documentation

Please indicate how the following documentation, if available, will be provided to the Cook County Medical Examiner's Office. If unable to email/attach these documents please bring copies, not originals, to our office the day of event.

| Documentation | Email? | In person? |
|---|--------|---------------|
| Photographs | | |
| Police Report | | |
| Dental Records | | |
| Medical Records | | |
| Journal, text messages, social media accounts | | |

Are you or any other first-tier relatives (children, parents, siblings) willing to provide DNA for comparison to either confirm ID or rule out any possible unidentified matches?

In order to provide DNA at the event, a missing persons report will need to be filed with the law enforcement jurisdiction where the person went missing. Law enforcement agencies will be on hand the day of the event to assist in making these reports if one has not been completed prior. It is highly recommended to make this report prior to the event.

| Official Use Only | |
|--|---|
| LEADS/NCIC # | |
| Police Agency | |
| Police Report # | |
| Prints on file: Yes/No | |
| Dental Records on file: Yes/No | |
| DNA on file: Yes / No | |
| CCME # (in the event the person is identified as an unknown deceased in Cook County) | 1 |
| NamUs submission: Yes / No | |