



MISSING-PERSON BETA:
VICTIM INFO FORM



Michigan Backcountry Search & Rescue (MiBSAR)

As a US Department of Homeland Security *Community Emergency Response Team* (CERT), MiBSAR is dedicated to assisting—free of charge—law enforcement agencies and families with missing-person cold cases in remote, wilderness regions of Northern Michigan and the eastern Lake Superior watershed area of Ontario, Canada.

E-mail: mneiger@hotmail.com

Web site: <http://therucksack.tripod.com/MiBSAR/MiBSAR.htm>

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Official use only	Victim:	Location:		Date went missing:
	Informant:	Initials:	Location:	Date:
	Informant:	Initials:	Location:	Date:
	Informant:	Initials:	Location:	Date:
	Informant:	Initials:	Location:	Date:
	Informant:	Initials:	Location:	Date:

Victim

Last name:		First:	Middle:	
		Prefix/Title:	Suffix:	
Aliases, surnames, & nicknames:				
Maiden name:				
Home address	Street:			
	City:	State:	Zip Code:	
Local address	Street:			
	City:	State:	Zip Code:	
Home phone:		Local phone:		
Cell phone no.:				
Company and address:				
Marital status: <input type="checkbox"/> Never married <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Partnership (list names of addresses of ex's):				

Date of birth:		Age:	Place of birth:
Race: <input type="checkbox"/> White <input type="checkbox"/> Native American <input type="checkbox"/> Black <input type="checkbox"/> Asian or Pacific Island <input type="checkbox"/> Hispanic <input type="checkbox"/> Bi-racial <input type="checkbox"/> Other (describe):			
Citizenship:		Sex:	Height: feet inches
Weight: pounds		Blood type:	
Social Security No.:		Driver's license no. & state:	
Build: <input type="checkbox"/> Slender <input type="checkbox"/> Medium <input type="checkbox"/> Muscular <input type="checkbox"/> Stocky <input type="checkbox"/> Heavy <input type="checkbox"/> Obese <input type="checkbox"/> Other (describe):			
Complexion: <input type="checkbox"/> Fair <input type="checkbox"/> Ruddy <input type="checkbox"/> Swarthy <input type="checkbox"/> Light <input type="checkbox"/> Medium <input type="checkbox"/> Dark <input type="checkbox"/> Other (describe):			
Left eye color: <input type="checkbox"/> Black <input type="checkbox"/> Blue <input type="checkbox"/> Brown <input type="checkbox"/> Green <input type="checkbox"/> Grey <input type="checkbox"/> Hazel <input type="checkbox"/> Maroon <input type="checkbox"/> Pink <input type="checkbox"/> Multi-color <input type="checkbox"/> Other (describe):			
Right eye color: <input type="checkbox"/> Black <input type="checkbox"/> Blue <input type="checkbox"/> Brown <input type="checkbox"/> Green <input type="checkbox"/> Grey <input type="checkbox"/> Hazel <input type="checkbox"/> Maroon <input type="checkbox"/> Pink <input type="checkbox"/> Multi-color <input type="checkbox"/> Other (describe):			
Head hair type: <input type="checkbox"/> Totally bald <input type="checkbox"/> Partially bald <input type="checkbox"/> Thin <input type="checkbox"/> Receding <input type="checkbox"/> Crew cut, flat top <input type="checkbox"/> Processed <input type="checkbox"/> Short (above ears) <input type="checkbox"/> Medium (over ears) <input type="checkbox"/> Long (below shoulders) <input type="checkbox"/> Other (describe):			
Facial hair: <input type="checkbox"/> None <input type="checkbox"/> Beard <input type="checkbox"/> Goatee <input type="checkbox"/> Mustache <input type="checkbox"/> Sideburns <input type="checkbox"/> other (describe):			
Facial hair color:			
Body hair (describe location, length, and color):			
Menstruating: <input type="checkbox"/> No <input type="checkbox"/> Yes (describe packaging, design, and brand of tampon, pad, etc.):			
Pregnant: <input type="checkbox"/> No <input type="checkbox"/> Yes (how long; name and address of father):			
Children: <input type="checkbox"/> No <input type="checkbox"/> Yes	Name:		Age:
	Address:		
	Name:		Age:
	Address:		
	Name:		Age:
	Address:		
	Name:		Age:
	Address:		

Sources of photos of victim

<p>Name:</p> <p><input type="checkbox"/> See "Victim Contacts" form for contact info</p> <p>Print medium: <input type="checkbox"/> digital <input type="checkbox"/> print <input type="checkbox"/> online (list URL):</p> <p>Location of photos:</p>
<p>Name:</p> <p><input type="checkbox"/> See "Victim Contacts" form for contact info</p> <p>Print medium: <input type="checkbox"/> digital <input type="checkbox"/> print <input type="checkbox"/> online (list URL):</p> <p>Location of photos:</p>
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Interviewee's signature:	Date:
Interviewer's signature:	Date: