A. Policy

The purpose of this policy is to establish procedures to be followed if a Missing Person complaint is made to the Department of Public Safety. All actions taken, pursuant to this policy, must comply with requirements established by the SLED Missing Person Information Center (MPIC) Policy and Procedure Manual. This manual is on file in the Dispatcher's office.

B. Procedure

If a complaint is made to this office, comply with the following:

1. Hospital Security will immediately determine if patient is at risk.
   a. If patient is not at risk, normal search of campus will be conducted
   b. If patient is determined to be at risk, search of campus will be conducted, if patient is not found in 15 min. a broadcast message will be sent to all local law enforcement. (CALEA 41.2.5.f)
   c. The Dispatcher will verify that the Supervisor is aware of the missing person.

2. Patrol Supervisor will meet with Hospital Security as soon as possible to verify patient information.

3. If the at risk /juvenile patient is not located within two hours a Missing Persons
report will be prepared and signed by Nurse Manager or Hospital Supervisor. (CALEA 41.2.5.f)

4. All missing juvenile patients will be treated as at risk patients. All committed patients will be considered at risk. (CALEA 41.2.5.f)

5. An Incident Report must be accomplished, including as much information as possible about the missing person's identity, description, address and the circumstances of their disappearance. (CALEA 41.2.5.a)

6. If possible, a determination must be made as to whether the person is actually missing within the meaning of this directive, or if they have simply wandered off and failed to notify family or friends as to their whereabouts. If the person is missing, accomplish the following: CALEA 41.2.5.b)

   a. Broadcast a local Bolo to all Public Safety.
   
   b. Notify an investigator and conduct a search of buildings, grounds and other facilities if circumstances dictate. A search will be conducted for elderly, disabled, or at risk person, if foul play is suspected or when determined by an investigator/supervisor. If an elderly, disabled, or at risk person is missing, a search of the residence and immediate area will be conducted, paying close attention to wooded areas, ditches and buildings in the immediate area. Searches will also be made, if practicable, of areas the person is known to frequent. Contact will also be made with acquaintances and/or relatives the missing person is likely to contact. (CALEA 41.2.5.f)
   
   c. In the case of students, see class schedules; contact friends and relatives; and, determine the location of various social activities the missing person may have attended.
   
   d. In the case of patients who may have walked off the floor, thoroughly search the hospital and surrounding area.

7. If the above actions are unsuccessful in locating the missing person, or if it is apparent from the beginning that the person is actually missing, and the complaint is being made by a parent, spouse, guardian, legal custodian, or public or private agency or entity - accomplish the following additional actions:

   a. The Supervisor will insure that a S. C. Law Enforcement Division Missing Person Information Center Report is completed (See Attachment #1) The completed form must be submitted to the Dispatcher for entry into NCIC.
b. Upon receipt of a properly completed and signed Missing Person Report, the Dispatcher must initiate an entry in NCIC. A statewide BOLO must be sent and cannot be initiated without a missing person report. **CALEA 41.2.5.c)**

c. Upon notification from SLED, a 30 day update form (Attachment #2), will be provided by the Dispatcher to the Records Clerk. An officer will be assigned to contact the original complainant and provide them with this form, this form must be completed by the complainant. Instruct the complainant to return the completed form to Public Safety within 48 hours.

**NOTE:** The Missing Person Report must be signed by one of the persons mentioned in paragraph (3) above, or:

1) by the doctor in charge, or appropriate Hospital Administrator, for MUSC patients.

2) by the attending physician, or appropriate Administrator, for Psychiatric patients.

3) by the Dean of the College, for MUSC students.

d. To be entered into the Missing Person file, the individual must meet at least one of the following criteria:

**O:** At Risk - a person of over the age of 21 and older not meeting the criteria for entry in any other category who is missing and for whom there is a reasonable concern for his/her safety (NCIC 2000 format only).

**D:** Disability - 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.

**E:** Endangered - a person of any age who is missing and in the company of another person under circumstances indicating that his/her physical safety is in danger.

**I:** Involuntary - a person of any age who is missing under circumstances indicating that the disappearance
was not voluntary, i.e. abduction or kidnapping.

J: = Juvenile - a person under the age of 21 who is missing and declared unemancipated as defined by the laws of his/her state of residence, and does not meet any of the criteria for inclusion in the Missing Person File.

V: = Victim - (of catastrophe) a person of any age who is missing after a disaster.

**** IF A PERSON DOES NOT MEET ANY OR ONE OF THE ABOVE CRITERIA, THEY SHOULD NOT BE ENTERED INTO THE MISSING PERSON FILE!!!

e. Transmit a copy of the report to MPIC.

f. There is NO WAITING PERIOD on entering a Missing Person, as long as a signed Release Form is obtained from the proper authority and the missing person falls in one of the areas of criteria for entering.

g. Refer to Missing Person Packet for Missing Person Report form, optic information, medical information, full body chart, dental history and dental chart.

h. Refer to Section 8 of Missing Person Binder, after notification and follow-up after location.

i. A copy of the Missing Person Information Center Report and photo if available will be sent to MPIC.

j. If a person is entered, and they are located, a Cancellation BOLO must be sent via teletype.

k. Copies of BOLO will be attached to original case report, and retained for six (6) years.

l. Reports of patients leaving floor without permission should be written up as "PATIENT LEAVING FLOOR WITHOUT PERMISSION", and NOT as Missing Patient, unless proper authorities are willing to sign the Release Form.

m. The reporting officer/investigator shall follow-up with the reporting person to make reasonable effort to acquire additional and ongoing
information about the missing person following the transmittal of the initial information and promptly update the NCIC entry, if applicable. *(CALEA 41.2.5.d)* The Patrol Commander will follow-up on missing person status. *(CALEA 41.2.5.e)*

n. When a missing person has not been located, the investigating officer shall request dental records and any other pertinent information from the persons family members and friends. This information will be entered into the NCIC.

8. **Lost/Unidentified Person:** When a Lost Person comes to the attention of a Public Safety Officer, the officer shall take charge of such person and notify Headquarters.

a. Every effort will be made to ascertain the name, address and phone number of such person, and locate a friend or relative.

b. A teletype message will be sent, giving the description and all other pertinent information that may establish identity, throughout the state.

**NOTE:** If appropriate, accomplish the Unidentified Person Report (see Attachment #3) and packet maintained in the Dispatcher's Office. Before initiating this report, make sure the situation meets the NCIC Entry requirements, outlined in the packet.

c. When all efforts are exhausted and it is determined that there is no connection with MUSC, the Charleston City Police will be notified to assume responsibility of such person.

Attachments:
Attachment #1 - SLED Missing Person Information Center Report
Attachment #2 - Missing Person Report For NCIC Record Entry
MISSING PERSON’S INFORMATION

NAME_________________________ DATE OF BIRTH_________________ AGE_________

ADDRESS________________________

SEX________ RACE________ HEIGHT________ WEIGHT________

HAIR COLOR________ HAIR STYLE________ SKIN TONE________ EYE COLOR________

SSN________________________ DRIVER’S LICENSE NO./STATE________

DATE LAST SEEN________________________

LOCATION LAST SEEN________________________

IN THE COMPANY OF________________________

CREDIT CARDS________________________

BANK ACCOUNTS________________________

TEETH DESCRIPTION: NORMAL ____ GAPS ____ BRACES ____ CAPS ____ MISSING TEETH____

CLOTHING/JEWELRY WORN WHEN LAST SEEN:________________________

SCARS/MARKS/TATTOOS________________________

POSSIBLE DESTINATION________________________ VEHICLES INVOLVED________________________

LICENSE NUMBER________ MAKE________ MODEL________ YEAR________

COLOR____________Style________ HOLDER OF LIEN________

INSURANCE COMPANY________ PHONE NUMBER________

REPORTING AGENCY________ PHONE NUMBER________

OFFICER ASSIGNED________ DATE OF REPORT________

COMPLAINANT’S NAME____________ ADDRESS________

PHONE NUMBER____________ RELATIONSHIP TO MISSING PERSON________
OTHER INFORMATION

The undersigned
(Print name and relationship: parent, spouse, legal guardian, etc.) hereby requests that the name, age, photograph or
other information pertinent to the disappearance of the missing person and deemed appropriate for release by
the South Carolina Law Enforcement Division (SLED) be published or circulated by any method subscribed by
SLED. I understand this information may be available to the public, media, other law enforcement agencies,
hospitals, social service agencies, shelters, medical examiners and/or other private or public agencies or
organizations involved with missing persons. I understand that SLED may also use this information and
photograph for age enhancement when deemed appropriate. I understand and authorize the information and
photograph concerning the missing person to be published as deemed appropriate by SLED on internet web
sites designated by SLED. I understand that once the photograph and information is released on the internet
neither SLED nor any other agency hosting the web site will have control over unauthorized use by others of
the information and/or photograph.

It is further understood and agreed that any and all information supplied by me shall be truthful, and I agree to
hold harmless SLED and any other agency or department for any errors of omission or commission occasioned
by misinformation I may supply.

The undersigned individual(s) agrees to indemnify and hold harmless SLED, and any and all Law Enforcement
Agencies or other agencies, organizations and/or individuals, contacts or sources of information, for or on
account of any legal liability for suits, actions, claims, damages or unauthorized use from release of the
information, to include the internet, that the reported missing person might prosecute against the aforesaid
persons and entities and or individuals, whether successful, including defendant's costs sustained. I further
agree that a photostatic or facsimile copy of this authorization shall have the same force and effect as the
original.

WITNESS: ________________________________  SIGNED: ________________________________
DATED: ________________________________  DATED: ________________________________
Complete form and send to:

S.C. Law Enforcement Division
Missing Person Information Center
P.O. Box 21398
Columbia, SC 29221-1398

Please enclose recent photo. The photo will be returned only upon request. For further information, call the MPIC
at either (803) 737-9000 or 1-800-322-4453.

Attachment #1
# NCIC Initial Entry Report

**Message Key (MKE) (See Categories, page 2)**
- ☐ Disability (EDM)
- ☐ Catastrophic Victim (EMV)
- ☐ Other (EMO)
- ☐ Juvenile (EMJ)
- ☐ Involuntary (EMI)
- ☐ Endangered (EME)
- ☐ Caution

**Name of Missing Person (NAM)**

**Sex (SEX)**
- [ ] Male (M)
- [ ] Female (F)

**Aliases**

**Race (RAC)**
- ☐ Asian or Pacific Islander (A)
- ☐ American Indian/Alaskan Native (I)
- ☐ Black (B)
- ☐ White (W)
- ☐ Unknown (U)

**Date of Emancipation (DOE)**

**Place of Birth (POB)**

**Date of Birth (DOB)**

**Height (HGT)**

**Weight (WGT)**

**Hair Color (HAL)**
- ☐ Brown (BRO)
- ☐ Black (BLK)
- ☐ Gray (GRY)
- ☐ White (WHI)
- ☐ Mixed (MIX)

**Eye Color (EYE)**
- ☐ Brown (BRO)
- ☐ Green (GRY)
- ☐ Black (BLK)
- ☐ Blue (BLU)

**FBI Number (FBI)**

**Skin Tone (SKN)**
- ☐ Yellow (YEL)
- ☐ Reddish (RED)
- ☐ Light (LT)
- ☐ Tanned (TAN)
- ☐ Celtic (CE)

**Other Identifying Numbers (MIN)**

**Other Identifying Numbers (MIN)**

**Sears, Marks, Tattoos, and Other Characteristics (SMT) (See Checklist, page 8)**

**Has the missing person ever been fingerprinted?**
- ☐ Yes
- ☐ No

**Fingerprint Classification (FPC)**

**Social Security Number (SOC)**

**Operator's License Number (OLN)**

**Operator's License State (OLS)**

**License Expiration (OLY)**

**Missing Person (MNP)**
- ☐ Missing Person (MP)
- ☐ Catastrophic Victim (CMV)
- ☐ Child Abduction (CA)
- ☐ AMBER Alert (AA)

**Date of Last Contact (DLC)**

**Originating Agency Case Number (OCA)**

**Missing Person Circumstances (MPC)**
- ☐ Abducted by Stranger (S)
- ☐ Runaway (R)
- ☐ Abducted by Non-custodial Parent (N)

**License Plate Number (LIC)**

**State (LJS)**

**Year Expires (LYL)**

**License Plate Type (LJT)**

**Vehicle Identification Number (VIN)**

**Make (VMA)**

**Model (VMO)**

**Style (VST)**

**Color (VCO)**

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* Fingerprint, if available, may be submitted electronically via the CHS Wide Area Network or in hard copy to the FBI CHS Division, Post Office Box 4142, Clarksburg, West Virginia 26302-9929.

** All dental information should be recorded on the NCIC Missing Person Dental Report and entered into NCIC as supplemental information.

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**POLICY AND PROCEDURE # 67**