


# Missing Persons

## 316.1 POLICY HEADER

|  |                      |
|--|----------------------|
| <b>Original Effective Date:</b>  | <b>Revised Date:</b> |
| September 1, 2021  | September 11, 2024   |
| Authorization:<br><br>Jason Haberman<br>Chief of Police |                      |

## 316.2 PURPOSE AND SCOPE

This policy provides guidance for handling missing person investigations.

### 316.2.1 DEFINITIONS

Definitions related to this policy include:

**At risk** - Includes persons who:

- (a) Are 17 years of age or younger (18 Pa.C.S. § 2908).
- (b) Regardless of age, are believed or determined to be experiencing one or more of the following circumstances:
  - 1. Out of the zone of safety for his/her chronological age and developmental stage.
  - 2. Mentally or behaviorally disabled.
  - 3. Drug dependent, including prescribed medication and/or illegal substances, and the dependency is potentially life-threatening.
  - 4. Absent from home for more than 24 hours before being reported to law enforcement as missing.
  - 5. In a life-threatening situation.
  - 6. In the company of others who could endanger his/her welfare.
  - 7. Absent in a way that is inconsistent with established patterns of behavior and cannot be readily explained. Most children have an established and reasonably predictable routine.
  - 8. Involved in a situation that would cause a reasonable person to conclude the person should be considered at risk.
- (c) Qualify for a state AMBER Alert™ pursuant to 35 P.S. § 7025.1.

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- (d) Are 20 years of age or younger and reported missing by a social services agency (23 Pa.C.S. § 5701).

[For additional info on "AT RISK" Missing Adult/Child click here](#)

**Missing person** - Any person who is reported missing to law enforcement when that person's location is unknown.

**Missing person networks** - Databases or computer networks that are available to law enforcement and are suitable for obtaining information related to missing person investigations. This includes the National Crime Information Center (NCIC), the National Missing and Unidentified Persons System (NamUs), and the Commonwealth Law Enforcement Assistance Network (CLEAN).

#### **316.3 POLICY**

The Mt. Lebanon Police Department does not consider any report of a missing person to be routine and assumes that the missing person is in need of immediate assistance until an investigation reveals otherwise. Priority shall be given to missing person cases over property-related cases. Members will initiate an investigation into all reports of missing persons, regardless of the length of time the person has been missing.

The Department shall have no waiting period before initiating an investigation of a missing person younger than 21, and the Department shall report that person to the NCIC of the Department of Justice in accordance with 34 USC § 41307 and 34 USC § 41308.

#### **316.4 REQUIRED FORMS AND BIOLOGICAL SAMPLE COLLECTION KITS**

The Investigative Services Unit supervisor shall ensure the following forms and kits are developed and available:

- [Missing person report form/investigation checklist](#) that provides investigation guidelines and resources that could be helpful in the early hours of a missing person investigation.
- [Missing person declaration](#)
- Missing person school notification forms ( [Missing Child](#) and [Located Child](#) )
- Medical records release forms ( [Missing Child](#) and [Located Child](#) )
- Biological sample collection kits

#### **316.5 ACCEPTANCE OF REPORTS**

Any member encountering an individual who wishes to report a missing person or runaway, regardless of age or circumstance, shall render assistance without delay. This can be accomplished by accepting the report via telephone or in-person and initiating the investigation. Those members who do not take such reports or who are unable to give immediate assistance shall promptly dispatch or alert a member who can take the report.

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A report shall be accepted in all cases and regardless of where the person was last seen, where the person resides or any question of jurisdiction.

### **316.6 INITIAL INVESTIGATION**

Officers or other members conducting the initial investigation of a missing person shall take the following investigative actions, as applicable:

- (a) Respond to a dispatched call as soon as practicable.
- (b) Interview the reporting party and any witnesses to determine whether the person qualifies as a missing person and, if so, whether the person may be at risk.
- (c) Notify a supervisor immediately if there is evidence that a missing person is either at risk or may qualify for a public alert, or both (see the Public Alerts Policy).
- (d) Broadcast a radio alert (e.g., internal broadcast, interagency broadcast) if there is evidence that the missing person is at risk. The alert should be broadcast as soon as practicable but in no event more than one hour after determining the missing person is at risk.
- (e) Ensure that entries are made into the appropriate missing person networks:
  - 1. Immediately, when the missing person is at risk.
  - 2. Immediately, when the individual is at least 18 years old and not older than 21.
  - 3. In all other cases, as soon as practicable, but not later than two hours from the time of the initial report (34 USC § 41308).
- (f) Complete the appropriate report forms accurately and completely and initiate a search as applicable according to the facts.
- (g) Collect and/or review:
  - 1. A photograph and fingerprint card of the missing person, if available.
  - 2. A voluntarily provided biological sample of the missing person, if available (e.g., toothbrush, hairbrush).
  - 3. Any documents that may assist in the investigation, such as court orders regarding custody.
  - 4. Any other evidence that may assist in the investigation, including personal electronic devices (e.g., cell phones, computers).
- (h) When circumstances permit and if appropriate, attempt to determine the missing person's location through their telecommunications carrier.
  - 1. The officer shall provide a written request to the wireless telecommunication provider with the officer's name, the Mt. Lebanon Police Department name, the reason for the request and the need for disclosure, and the officer's signature with a declaration that the disclosure of the tracking information is an emergency that involves the risk of death or serious harm to the holder of the phone (18 P.S. § 42).

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- (i) Contact the appropriate agency if the report relates to a missing person report previously made to another agency and that agency is actively investigating the report. When this is not practicable, the information should be documented in an appropriate report for transmission to the appropriate agency. If the information relates to an at-risk missing person, the member should notify a supervisor and proceed with reasonable steps to locate the missing person.
- (j) In the case of a missing child, the Pennsylvania Department of Health's Division of Vital Records shall be notified immediately (35 P.S. § 450.402-A).

### 316.6.1 BIOLOGICAL SAMPLE COLLECTION AND SUBMISSION

For purposes of this subsection, a high-risk missing person means a person 18 years of age or older who has a temporary or permanent residence that is in the state or believed to be in the state, whose whereabouts are unknown, and who has been reported missing under any of the following circumstances (44 Pa. C.S. § 2303):

- As a result of a stranger abduction
- Under suspicious, unknown, or dangerous circumstances that reasonably appear to indicate that the person is at risk of injury or death
- The person has been missing for more than 30 days
- The person has been designated as a high-risk missing person by another law enforcement agency

In addition to completing or continuing any actions listed above, the investigator assigned to a missing person investigation shall collect biological samples as follows (44 Pa. C.S. § 2316.2; 44 Pa. C.S. § 2316.3):

- (a) For missing children and for high-risk missing persons, within seven days of receipt of the missing persons report or the beginning of the investigation, whichever is earlier.
- (b) For any other missing person, within 30 days of receiving the missing person's report or the beginning of the investigation, whichever is earlier.

Within 48 hours of collection, all biological samples shall be delivered to the Pennsylvania State Police for testing (44 Pa. C.S. § 2316.2; 44 Pa. C.S. § 2316.3.)

Biological samples shall also be submitted to the National Missing and Unidentified Persons System, as soon as reasonably practicable (44 Pa. C.S. § 2319).

### 316.7 REPORT PROCEDURES AND ROUTING

Members should complete all missing person reports and forms promptly and advise the on-duty Watch Commander as soon as a missing person report is ready for review.

#### 316.7.1 SUPERVISOR RESPONSIBILITIES

The responsibilities of the supervisor shall include, but are not limited to:

- (a) Reviewing and approving missing person reports upon receipt.
- (b) Obtain a briefing from the first responder(s) and other agency personnel at the scene.

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- (c) Organize and coordinate search efforts.
- (d) Establish a liaison with the victim's family.
- (e) Ensuring resources are deployed and notification is made to the Investigative Services Unit as appropriate.
- (f) Shall ensure the missing person's school district is notified as soon as practicable if the missing person is a juvenile (35 P.S. § 450.402-A). The notice shall be in writing and should also include a photograph.
- (g) Initiating a command post as needed.
- (h) Ensuring applicable notifications and public alerts are made and documented.
- (i) Ensuring that records have been entered into the appropriate missing person networks.
- (j) Taking reasonable steps to identify and address any jurisdictional issues to ensure cooperation among agencies.
  - 1. If the case falls within the jurisdiction of another agency, the supervisor should facilitate transfer of the case to the agency of jurisdiction.
- (k) Notify the Duty Officer
- (l) As soon as reasonable under the circumstances, ensure notification is made and a copy of the report is forwarded to the agency of jurisdiction for the missing person's residence in cases where the missing person is a resident of another jurisdiction.
- (m) Ensure notification and a copy of the report was forwarded to the agency of jurisdiction where the missing person was last seen.
- (n) Ensure notification and a copy of the report was forwarded to the agency of jurisdiction for the missing person's intended or possible destination, if known.
- (o) Ensure Forwarding a copy of the report was forwarded to the Investigative Services Unit.

### **316.8 INVESTIGATIVE SERVICES UNIT FOLLOW-UP**

In addition to completing or continuing any actions listed above, the investigator assigned to a missing person investigation:

- (a) Shall ensure that the missing person's school district is notified as soon as practicable if the missing person is a juvenile (35 P.S. § 450.402-A).
  - 1. The notice shall be in writing and should also include a photograph.
  - 2. The investigator should meet with school officials as appropriate to stress the importance of including the notice in the child's student file, along with the investigator's contact information, if the school receives a call requesting the transfer of the missing child's files to another school.
- (b) Should recontact the reporting party and/or other witnesses within 30 days of the initial report and within 30 days thereafter to keep them informed, as appropriate, and to determine if any additional information has become available.

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- (c) Should consider contacting other agencies involved in the case to determine if any additional information is available.
- (d) Shall verify and update CLEAN, NCIC, and any other applicable missing person networks within 30 days of the original entry into the networks and every 30 days thereafter until the missing person is located (34 USC § 41308).
- (e) Should continue to make reasonable efforts to locate the missing person and document these efforts at least every 30 days.
- (f) Shall maintain a close liaison with state and local child welfare systems and the National Center for Missing and Exploited Children (NCMEC) if the missing person is under the age of 21 and shall promptly notify NCMEC when the person is missing from a foster care family home or childcare institution (34 USC § 41308).
- (g) Should make appropriate inquiry with the Medical Examiner.
- (h) Should obtain and forward medical and dental records, photos, X-rays, and biological samples, as applicable.
- (i) Shall attempt to obtain the most recent photograph for persons under 18 years of age if it has not been obtained previously and forward the photograph to any other agency that requires them and the Pennsylvania State Police (PSP) and enter the photograph into applicable missing person networks (34 USC § 41308).
- (j) In the case of an at-risk missing person or a person who has been missing for an extended time, should consult with a supervisor regarding seeking federal assistance from the FBI and the U.S. Marshals Service (28 USC § 566).

### **316.9 WHEN A MISSING PERSON IS FOUND**

When any person reported missing is found, the assigned investigator shall document the location of the missing person in the appropriate report, notify the relatives and/or reporting party, as appropriate, and other involved agencies, and refer the case for additional investigation if warranted.

The member should ensure that, upon receipt of information that a missing person has been located, the following occurs:

- (a) The missing child's school district and the Pennsylvania Department of Health's Division of Vital Records are notified (35 P.S. § 450.402-A).
- (b) Entries are made in the applicable missing person networks, including CLEAN (18 Pa.C.S. § 2908).
- (c) When a person is at risk, the fact that the person has been found should be reported within 24 hours to CLEAN.
- (d) Notification shall be made to any other law enforcement agency that took the initial report or participated in the investigation.

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### 316.9.1 UNIDENTIFIED PERSONS

Members investigating a case of an unidentified person who is deceased or a living person who cannot assist in identifying the person:

- (a) Should obtain a complete description of the person.
- (b) Should enter the unidentified person's description into the NCIC Unidentified Person File and the NamUs database.
- (c) Should use available resources, such as those related to missing persons, to identify the person.
- (d) Shall immediately make an entry into CLEAN in cases where an unidentified child is found (18 Pa.C.S. § 2908).

Additional requirements relating to deceased unidentified children are addressed in the Death Investigation Policy.

### 316.10 CASE CLOSURE

The Investigative Services Unit supervisor may authorize the closure of a missing person case after considering the following:

- (a) Closure is appropriate when the missing person is confirmed returned or evidence matches an unidentified person or body.
- (b) If the missing person is a resident of Mt. Lebanon or this department is the lead agency, the case should be kept under active investigation for as long as the person may still be alive. Exhaustion of leads in the investigation should not be a reason for closing a case.
- (c) If this department is not the lead agency, the case can be made inactive if all investigative leads have been exhausted, the lead agency has been notified and entries are made in the applicable missing person networks, as appropriate.
- (d) A missing person case should not be closed or reclassified because the person would have reached a certain age or adulthood or because the person is now the subject of a criminal or civil warrant.

### 316.11 TRAINING

Subject to available resources, the Training Lieutenant should ensure that members of this department whose duties include missing person investigations and reports receive training that includes:

- (a) The initial investigation:
  - 1. Assessments and interviews
  - 2. Use of current resources, such as In-Car Video
  - 3. Confirming missing status and custody status of minors
  - 4. Evaluating the need for a heightened response

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- 5. Identifying the zone of safety based on chronological age and developmental stage
  - (b) Briefing of department members at the scene.
  - (c) Identifying NCIC Missing Person File categories (e.g., disability, endangered, involuntary, juvenile, catastrophe).
  - (d) Verifying the accuracy of all descriptive information.
  - (e) Initiating a neighborhood investigation.
  - (f) Investigating any relevant recent family dynamics.
  - (g) Addressing conflicting information.
  - (h) Key investigative and coordination steps.
  - (i) Managing a missing person case.
  - (j) Additional resources and specialized services.
  - (k) Update procedures for case information and descriptions.
  - (l) Preserving scenes.
  - (m) Internet and technology issues (e.g., internet use, cell phone use).
  - (n) Media relations.



## **Attachments**

## **Form 146 - Missing Person Report.pdf**



# Mt. Lebanon Police Department

## Missing Person Report



|   |   |                |                                     |  |   |                             |   |
|---|---|----------------|-------------------------------------|--|---|-----------------------------|---|
| <b>Status</b>   | <input type="checkbox"/> Open <input type="checkbox"/> Closed <input type="checkbox"/> Suspended <input type="checkbox"/> Other   |                |                                     |  | <b>Complaint #</b>  |                             |   |
| <b>For NCIC Record Entry</b>  | <input type="checkbox"/> Yes <input type="checkbox"/> No  |                | <b>Runaway</b>                      | <input type="checkbox"/> Yes <input type="checkbox"/> No |   | <b>Abduction</b>            | <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Other |
| <input type="checkbox"/> Disability <input type="checkbox"/> Endangered <input type="checkbox"/> Involuntary <input type="checkbox"/> Catastrophe <input type="checkbox"/> Juvenile <input type="checkbox"/> Caution <input type="checkbox"/> Other |   |                |                                     |  |   |                             |   |
| <b>Name</b>   |   |                |                                     |  | <b>Address</b>  |                             |   |
| <b>Aliases</b>  |   |                |                                     |  |   |                             |   |
| <b>Sex</b>  | <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other:   |                |                                     |  | <b>Date of Birth</b>  | / /                         |   |
| <b>Social Security Number</b>   |   |                |                                     | <b>Driver's License Number/State</b>                     |   |                             |   |
| <b>Race</b>   | <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Black <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> White <input type="checkbox"/> Unknown  |                |                                     |  |   |                             |   |
| <b>Place of Birth</b>   |   |                |                                     | <b>Date of Emancipation</b>                              | / /   |                             |   |
| <b>Height</b>   |   | <b>Weight</b>  |                                     | <b>Build</b>   | <input type="checkbox"/> Thin <input type="checkbox"/> Medium <input type="checkbox"/> Muscular <input type="checkbox"/> Heavy <input type="checkbox"/> Obese |                             |   |
| <b>Eye Color</b>  | <input type="checkbox"/> Black <input type="checkbox"/> Blue <input type="checkbox"/> Brown <input type="checkbox"/> Gray <input type="checkbox"/> Green <input type="checkbox"/> Hazel <input type="checkbox"/> Multi-Colored <input type="checkbox"/> Unknown   |                |                                     |  |   |                             |   |
| <b>Corrected Vision</b>   | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Glasses <input type="checkbox"/> Contact Lenses: <input type="checkbox"/> Blue <input type="checkbox"/> Green <input type="checkbox"/> Gray <input type="checkbox"/> Brown <input type="checkbox"/> Clear   |                |                                     |  |   |                             |   |
| <b>Hair Color</b>   | <input type="checkbox"/> Bald <input type="checkbox"/> Black <input type="checkbox"/> Brown <input type="checkbox"/> Blonde <input type="checkbox"/> Strawberry Blonde <input type="checkbox"/> Red/Auburn<br><input type="checkbox"/> Gray/Partially Gray <input type="checkbox"/> Sandy <input type="checkbox"/> White <input type="checkbox"/> Unknown <input type="checkbox"/> Other: |                |                                     |  |   |                             |   |
| <b>Hair Description</b>   | <input type="checkbox"/> Braids <input type="checkbox"/> Curly <input type="checkbox"/> Straight <input type="checkbox"/> Treated <input type="checkbox"/> Wavy   |                |                                     |  | <b>Length</b>   |                             |   |
| <b>Facial Hair</b>  | <input type="checkbox"/> None <input type="checkbox"/> Beard <input type="checkbox"/> Goatee <input type="checkbox"/> Mustache <input type="checkbox"/> Sideburns <input type="checkbox"/> Unshaven   |                |                                     |  |   |                             |   |
| <b>Skin Tone</b>  | <input type="checkbox"/> Albino <input type="checkbox"/> Black <input type="checkbox"/> Brown <input type="checkbox"/> Dark Brown <input type="checkbox"/> Fair <input type="checkbox"/> Light <input type="checkbox"/> Light Brown<br><input type="checkbox"/> Medium <input type="checkbox"/> Medium Brown <input type="checkbox"/> Olive <input type="checkbox"/> Yellow               |                |                                     |  |   |                             |   |
| <b>Physical / Medical / Mental Condition</b>  |   |                |                                     |  |   |                             |   |
| <b>Scars / Marks / Tattoos</b>  |   |                |                                     |  |   |                             |   |
| <b>Blood Type</b>   | <input type="checkbox"/> Unknown <input type="checkbox"/> A+ <input type="checkbox"/> A- <input type="checkbox"/> B+ <input type="checkbox"/> B- <input type="checkbox"/> AB+ <input type="checkbox"/> AB- <input type="checkbox"/> O+ <input type="checkbox"/> O-  |                |                                     |  |   |                             |   |
| <b>Has missing person ever donated blood?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where?   |   |                |                                     |  |   |                             |   |
| <b>Has missing person ever been fingerprinted?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, by whom?  |   |                |                                     |  |   |                             |   |
| <b>Body X-rays available?</b>   | <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None  |                |                                     | <b>Handedness</b>  | <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Unknown   |                             |   |
| <b>Bank Name</b>  |   |                |                                     | <b>Account Number</b>                                    |   |                             |   |
| <b>Last Bank Activity</b>   |   |                |                                     |  |   |                             |   |
| <b>Cell Phone Number</b>  |   |                |                                     | <b>Cell Phone Provider</b>                               |   |                             |   |
| <b>Social Media Account(s)</b>  |   |                | <b>Username(s) / Screen Name(s)</b> |  |   | <b>Password(s)</b>          |   |
|   |   |                |                                     |  |   |                             |   |
|   |   |                |                                     |  |   |                             |   |
|   |   |                |                                     |  |   |                             |   |
| <b>Missing before?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where located?  |   |                |                                     |  |   |                             |   |
| <b>Last Seen By</b>   |   | <b>Address</b> |                                     | <b>Phone Number</b>                                      |   | <b>Date of Last Contact</b> |   |
|   |   |                |                                     |  |   |                             |   |
| <b>Traveling Companion</b>  |   | <b>Address</b> |                                     |  | <b>Phone Number</b>   |                             |   |
|   |   |                |                                     |  |   |                             |   |



# Mt. Lebanon Police Department

## Missing Person Report



| Employer / School        | Employer / School Address | Phone Number |
|--------------------------|---------------------------|--------------|
|                          |                           |              |
| Places Person Frequented |                           |              |
| Possible Destination     |                           |              |
| Associates               | Address                   | Phone Number |
|                          |                           |              |
|                          |                           |              |

Below is a listing of clothing and personal effects. Indicate the items the person was last seen wearing. Include style, color, condition, labels, or laundry markings.

| Item                 | Description | Item                  | Description |
|----------------------|-------------|-----------------------|-------------|
| Head Wear            |             | Underwear             |             |
| Scarf / Tie / Gloves |             | Bra / Slip / Girdle   |             |
| Coat / Jacket        |             | Stockings / Pantyhose |             |
| Sweater              |             | Jewelry               |             |
| Shirt / Blouse       |             | Wallet/Purse          |             |
| Pants / Skirt        |             | Money                 |             |
| Belt / Suspenders    |             | Glasses               |             |
| Socks                |             | Other:                |             |
| Footwear             |             | Other:                |             |

| License Plate and Vehicle Information |  |       |  |               |       |
|---------------------------------------|--|-------|--|---------------|-------|
| License Plate #                       |  | State |  | ALPR Activity |       |
| VIN                                   |  | Year  |  | Make          | Model |
| Style                                 |  | Color |  | Markings      |       |

|                         |  |                                |     |
|-------------------------|--|--------------------------------|-----|
| Complainant's Name      |  | Address                        |     |
| Phone Number            |  | Relationship to Missing Person |     |
| Complainant's Signature |  | Date                           | / / |

| Miscellaneous Information |  |  |   |
|---------------------------|--|--|---|
|                           |  |  |   |
|                           |  |  |   |
|                           |  |  |   |
|                           |  |  |   |
| Notifications             | <input type="checkbox"/> Vital Statistics – Missing<br><input type="checkbox"/> Vital Statistics – Located | <input type="checkbox"/> School – Missing<br><input type="checkbox"/> School – Located | Missing Person Declaration<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No |

- Attach current photo if available
- If additional space is needed, attach additional sheets
- ☐ Returned Prior to Completion of Report

|                      |  |         |  |
|----------------------|--|---------|--|
| Reporting Officer    |  | Badge # |  |
| Reviewing Supervisor |  | Badge # |  |

## **Form 146a - Missing Person Declaration.pdf**



# Mt. Lebanon Police Department

## Missing Person Declaration



NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

- ☐ DISABILITY: A person who is missing and who is under physical / mental disability, thereby subjecting himself / herself or others to personal and immediate danger.
- ☐ INVOLUNTARY: A person who is missing under circumstances indicating that the disappearance was not voluntary.
- ☐ ENDANGERED: A person who is missing under circumstances indicating that his/her physical safety is in danger.
- ☐ CATASTROPHE: A person who is missing after a catastrophe, (e.g. plane crash)
- ☐ JUVENILE: A person younger than 18 years of age who is missing and does not meet the entry criteria set forth in other categories.
- ☐ OTHER: A person 18 years of age or 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.

I hereby declare and certify to the Mt. Lebanon Police Department that the individual named above is missing as indicated in the category checked and his/her whereabouts are unknown. Police assistance is requested to locate this person. I am signing this document with the full understanding that any false information or statement will subject me to the criminal penalties of 18 Pa. CS 4904, relating to unsworn falsification to authorities.

\_\_\_\_\_  
Name of Complainant

\_\_\_\_\_  
Address of Complainant

\_\_\_\_\_  
Relationship to Missing Person

\_\_\_\_\_  
Complainant Signature

\_\_\_\_\_  
Date

## **Form 168a - Notification to Mt Lebanon School District - Missing Child.pdf**



# Mt. Lebanon Police Department

## Notification to Mt. Lebanon School District – Missing Child



To: Mt. Lebanon School District  
Dr. Melissa Friez, Superintendent  
7 Horsman Drive  
Pittsburgh, PA 15228

email form to: [kwalters@mtlsd.net](mailto:kwalters@mtlsd.net)

### RE: NOTIFICATION TO MT. LEBANON SCHOOL DISTRICT – MISSING CHILD

Under the provisions of Act 106 of 1990, specifically, Title 35, Chapter 2, Section 450. 402-A, notification of a missing child must be made by the investigating law enforcement agency to the appropriate school district.

The following named child has been reported missing to the Mt. Lebanon Police Department. Please make a notation on their record.

NAME OF CHILD: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

PLACE OF BIRTH (INCLUDING COUNTY): \_\_\_\_\_

NAME OF FATHER: \_\_\_\_\_

MAIDEN NAME OF MOTHER: \_\_\_\_\_

INVESTIGATING OFFICER AND BADGE NUMBER: \_\_\_\_\_

MT LEBANON POLICE INCIDENT NUMBER: \_\_\_\_\_

If any information regarding the location of the above-named child is received, immediately notify the Mt. Lebanon Police Department through Allegheny County 9-1-1.

Thank you for your assistance in this matter.

Respectfully,

\_\_\_\_\_  
Investigating Officer

\_\_\_\_\_  
Badge #



## **Form 168c - Notification to Mt Lebanon School District - Located Child.pdf**



# Mt. Lebanon Police Department

Notification to Mt. Lebanon School District – Located Child



To: Mt. Lebanon School District  
Dr. Melissa Friez, Superintendent  
7 Horsman Drive  
Pittsburgh, PA 15228

email form to: [kwalters@mtlsd.net](mailto:kwalters@mtlsd.net)

## RE: NOTIFICATION TO MT. LEBANON SCHOOL DISTRICT – LOCATED CHILD

Under the provisions of Act 106 of 1990, specifically, Title 35, Chapter 2, Section 450. 402-A, notification of a missing child must be made by the investigating law enforcement agency to the appropriate school district.

The following named child has been located. Please remove the “missing child” notation from their record.

NAME OF CHILD: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

PLACE OF BIRTH (INCLUDING COUNTY): \_\_\_\_\_

NAME OF FATHER: \_\_\_\_\_

MAIDEN NAME OF MOTHER: \_\_\_\_\_

INVESTIGATING OFFICER AND BADGE NUMBER: \_\_\_\_\_

MT LEBANON POLICE INCIDENT NUMBER: \_\_\_\_\_

Thank you for your assistance in this matter.

Respectfully,

\_\_\_\_\_  
Investigating Officer

\_\_\_\_\_  
Badge #

## **Form 168b - Notification to Division of Vital Records - Missing Child.pdf**



# Mt. Lebanon Police Department

## Notification to Division of Vital Records – Missing Child



To: Division of Vital Records  
Pennsylvania Department of Health  
P.O. Box 1528  
New Castle, PA 16103

FAX # 724-656-3224

### RE: NOTIFICATION TO DIVISION OF VITAL RECORDS – MISSING CHILD

Under the provisions of Act 106 of 1990, specifically, Title 35, Chapter 2, Section 450. 402-A, notification of a missing child must be made by the investigating law enforcement agency to the Division of Vital Records.

The following named child has been reported missing to the Mt. Lebanon Police Department. Please make a notation on their record.

NAME OF CHILD: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

PLACE OF BIRTH (INCLUDING COUNTY): \_\_\_\_\_

NAME OF FATHER: \_\_\_\_\_

MAIDEN NAME OF MOTHER: \_\_\_\_\_

INVESTIGATING OFFICER AND BADGE NUMBER: \_\_\_\_\_

MT LEBANON POLICE INCIDENT NUMBER: \_\_\_\_\_

If any information regarding the location of the above-named child is received, immediately notify the Mt. Lebanon Police Department through Allegheny County 9-1-1.

Thank you for your assistance in this matter.

Respectfully,

\_\_\_\_\_  
Investigating Officer

\_\_\_\_\_  
Badge #

## **Form 168d - Notification to Division of Vital Records - Located Child.pdf**



# Mt. Lebanon Police Department

## Notification to Division of Vital Records – Located Child



To: Division of Vital Records  
Pennsylvania Department of Health  
P.O. Box 1528  
New Castle, PA 16103

FAX # 724-656-3224

### RE: NOTIFICATION TO DIVISION OF VITAL RECORDS – LOCATED CHILD

Under the provisions of Act 106 of 1990, specifically, Title 35, Chapter 2, Section 450. 402-A, notification of a missing child must be made by the investigating law enforcement agency to the Division of Vital Records.

The following named child has been located. Please remove the “missing child” notation from their record.

NAME OF CHILD: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

PLACE OF BIRTH (INCLUDING COUNTY): \_\_\_\_\_

NAME OF FATHER: \_\_\_\_\_

MAIDEN NAME OF MOTHER: \_\_\_\_\_

INVESTIGATING OFFICER AND BADGE NUMBER: \_\_\_\_\_

MT LEBANON POLICE INCIDENT NUMBER: \_\_\_\_\_

Thank you for your assistance in this matter.

Respectfully,

\_\_\_\_\_  
Investigating Officer

\_\_\_\_\_  
Badge #