

CRIME



If I Go Missing

A Crime Junkie Podcast Guidebook

Name: _____

Date: _____

General Information

Full Name: _____

Date of Birth: _____

Sex: _____

Gender: _____

Home Address: _____

Cell Phone: _____

Employer: _____

(see page 11 for more details)

Employer Address: _____

Relationship Status: _____

Children: _____

(Names, DOBs)

Ethnicity: _____

Religious Affiliations: _____

Languages: _____

Initials

Physical Appearance

Height: _____

Weight: _____

Eye Color: Natural _____

 Contacts _____

Hair color: Natural _____

 Colored _____

Tattoos: _____

Piercings: _____

Identifying Scars: _____

Everyday Jewelry: _____

Notes: _____

(Identifying features, _____

birthmarks, glasses, _____

braces, etc) _____

See included photographs for most recent appearance

Initials

Fingerprints

Dominant Hand: Right Left Ambidextrous

Right Thumb	Right Index	Right Middle	Right Ring	Right Pinky
<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A

Left Thumb	Left Index	Left Middle	Left Ring	Left Pinky
<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A

Initials

Medical Information

Primary Doctor: **Name:** _____
 Address: _____
 Phone: _____
 Last Visit: _____

Dentist: **Name:** _____
 Address: _____
 Phone: _____
 Last Visit: _____

Therapist: **Name:** _____
 Address: _____
 Phone: _____
 Last Visit: _____

Prescribed Medications: _____
(Please include current dosages) _____

Surgical History: _____
(Please include approx. dates of _____
procedures) _____

Known Allergies: _____

**Notes on Mental,
Emotional and/or
Physical health:** _____

Initials

Modes of Transportation

Car Make: _____

Car Model: _____

Year: _____

Color: _____

License: _____ Plate: _____
State: _____

Vehicle Identification Number: _____

Identifying features/Notes: _____

Frequent Usage of Uber? Yes No
Username: _____
Password: _____

Frequent Usage of Lyft? Yes No
Username: _____
Password: _____

Metro Card Number: _____
Username: _____
Password: _____

Bus Pass Number: _____
Username: _____
Password: _____

Username: _____
Password: _____

Typical Routes/Notes: _____

Initials

Relationships

Mother:

(Name, Phone Number)

Father:

(Name, Phone Number)

Significant Other:

(Name, Phone Number)

Length of relationship:

Siblings:

(Names, Phone Numbers)

Close Friends:

(Those you interact with outside of work on a fairly frequent basis; Names, Phone Numbers)

Former Significant Others:

Individuals who know of the existence of this folder:

Initials

Relationships (cont'd)

Name: _____

Relationship: _____

Length of Relationship: _____

Last Known Phone Number: _____

Last Known Address: _____

Notes: _____

Name: _____

Relationship: _____

Length of Relationship: _____

Last Known Phone Number: _____

Last Known Address: _____

Notes: _____

Initials

Relationships (cont'd)

Name: _____

Relationship: _____

Length of Relationship: _____

Last Known Phone Number: _____

Last Known Address: _____

Notes: _____

Name: _____

Relationship: _____

Length of Relationship: _____

Last Known Phone Number: _____

Last Known Address: _____

Notes: _____

Initials

Relationships (cont'd)

Name(s): _____

Relationship _____

Phone Number: _____

Notes: _____

Name(s): _____

Relationship _____

Phone Number: _____

Notes: _____

Name(s): _____

Relationship _____

Phone Number: _____

Notes: _____

Name(s): _____

Relationship _____

Phone Number: _____

Notes: _____

Initials

Relationships (cont'd)

Name(s): _____

Relationship _____

Phone Number: _____

Notes: _____

Name(s): _____

Relationship _____

Phone Number: _____

Notes: _____

Name(s): _____

Relationship _____

Phone Number: _____

Notes: _____

Name(s): _____

Relationship _____

Phone Number: _____

Notes: _____

Initials

Typical Workday

Normal Work Days: Mon. Tue. Wed. Thurs. Fri. Sat. Sun.

Normal Start Time: _____

Normal End Time: _____

Flexible Work Hours?: Yes No

Rotating Schedule?: Yes No

Frequent Overtime Required?: Yes No

Accessible during work hours?: Yes, No
via: _____

Required to Travel?: Yes No

Direct Supervisor: _____

(Name, Phone Number)

Works Closely With: _____

(Names, Phone Numbers)

Method of Transportation to Work: _____

Route to Work: _____

If driving, typical parking area: _____

Notes: _____

Initials

Frequently Visited Locations

Location: _____

Address: _____

Frequency and/or Hours
of the Day: _____

Location: _____

Address: _____

Frequency and/or Hours
of the Day: _____

Location: _____

Address: _____

Frequency and/or Hours
of the Day: _____

Location: _____

Address: _____

Frequency and/or Hours
of the Day: _____

Location: _____

Address: _____

Frequency and/or Hours
of the Day: _____

Initials

Frequently Visited Locations (cont'd)

Location: _____

Address: _____

Frequency and/or Hours
of the Day: _____

Location: _____

Address: _____

Frequency and/or Hours
of the Day: _____

Location: _____

Address: _____

Frequency and/or Hours
of the Day: _____

Location: _____

Address: _____

Frequency and/or Hours
of the Day: _____

Location: _____

Address: _____

Frequency and/or Hours
of the Day: _____

Initials

Financial Information

Financial Institution:
Home Branch:

Account Number:

Username:
Password:

Notes:

Financial Institution:
Home Branch:

Account Number:

Username:
Password:

Notes:

Financial Institution:
Home Branch:

Account Number:

Username:
Password:

Notes:

Initials

Financial Information (cont'd)

Credit Card Company:
Card Number

Username:
Password:

Notes:

Credit Card Company:
Card Number

Username:
Password:

Notes:

Credit Card Company:
Card Number

Username:
Password:

Notes:

Credit Card Company:
Card Number

Username:
Password:

Notes:

Initials

Financial Information (cont'd)

Life Insurance Policies

Insurance Company: _____

Amount Insured: _____

Beneficiary: _____

Insurance Company: _____

Amount Insured: _____

Beneficiary: _____

Insurance Company: _____

Amount Insured: _____

Beneficiary: _____

Independent Debts Owed

To: _____

Amount: _____

Length of debt: _____

To: _____

Amount: _____

Length of debt: _____

To: _____

Amount: _____

Length of debt: _____

To: _____

Amount: _____

Length of debt: _____

Initials

Communication Account Log-Ins

Cell Phone Number: _____

Cell Phone Service Provider: _____

Service Provider Log-In

 Username: _____

 Password: _____

 PIN: _____

Phone Make/Model: _____

Phone Serial Number: _____

Phone Password: _____

Phone Location Username: _____

Phone Location Password: _____

Notes: _____

Computer Make/Model _____

Computer Serial Number _____

Computer Username: _____

Computer Password: _____

Notes: _____

Internet Service Provider: _____

Service Provider Log-In

 Username: _____

 Password: _____

 PIN: _____

Initials

Communication Account Log-Ins (cont'd)

Email Accounts

Email Address: _____
Password: _____

Email Address: _____
Password: _____

Email Address: _____
Password: _____

Email Address: _____
Password: _____

Social Media

Facebook Username: _____
Password: _____

Twitter Username: _____
Password: _____

Instagram Username: _____
Password: _____

LinkedIn Username: _____
Password: _____

Tinder Username: _____
Password: _____

Snapchat Username: _____
Password: _____

Viber Username: _____
Password: _____

WhatsApp Username: _____
Password: _____

MarcoPolo Username: _____
Password: _____

Initials

Communication Account Log-Ins (cont'd)

Miscellaneous Accounts

Username: _____
Password: _____

Username: _____
Password: _____

Username: _____
Password: _____

Username: _____
Password: _____

Username: _____
Password: _____

Username: _____
Password: _____

Username: _____
Password: _____

Username: _____
Password: _____

Username: _____
Password: _____

Username: _____
Password: _____

Initials

Previous Addresses

Address:

Dates:

Roommates:

Reason for Leaving:

Notes:

Address:

Dates:

Roommates:

Reason for Leaving:

Notes:

Initials

Previous Addresses

Address:

Dates:

Roommates:

Reason for Leaving:

Notes:

Address:

Dates:

Roommates:

Reason for Leaving:

Notes:

Initials

Included Pictures

- Recent Portrait (high resolution, if possible)
- Pictures of Tattoos
- Pictures of Identifying Scars
- Picture of Car (include any identifying features, picture of VIN, license plate, etc)
- Frequently-worn jewelry

Included Documents Copies

- Birth Certificate
- Driver's License and/or State-Issued I.D. Card
- Passport (if applicable)
- Social Security Card (U.S.A.)/Social Insurance Number Card
- Marriage License
- Medication List
- Insurance documents
- Map of typical daily route

Miscellaneous

- _____
- _____
- _____
- _____
- _____

Initials

Law Enforcement Agencies

City Agency of Residency
Name

Number

Policies

County Agency of Residency
Name

Number

Policies

State Agency of Residency
Name

Number

Policies

Same as City/County/State of Employment?

Yes

No

(see following page)

Initials

Law Enforcement Agencies (cont'd)

City Agency of Employment

Name

Number

Policies

County Agency of Employment

Name

Number

Policies

State Agency of Employment

Name

Number

Policies

Initials

Notes

Initials

Acknowledgement

I, _____, hereby acknowledge that I have compiled this collection of personal and private information to be used in the event that I can not be located and am believed to be in danger. Please consider access granted to the information included here, and use any and all resources listed in this document in an effort to find and return me to safety.

Thank you,

Signature

Date