



CRIME JUNKIE®

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 12 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: _____
Number State

Vehicle Identification Number (VIN): _____

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: _____

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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 Institution

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 Institution (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 Institution (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: _____

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: _____

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: _____

Initials

Previous Addresses

Address: _____

Dates: _____

Roommates: _____

Reason for Leaving: _____

Notes: _____

Address: _____

Dates: _____

Roommates: _____

Reason for Leaving: _____

Notes: _____

Address: _____

Dates: _____

Roommates: _____

Reason for Leaving: _____

Notes: _____

Initials

Previous Addresses

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Dates: _____

Roommates: _____

Reason for Leaving: _____

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Dates: _____

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Reason for Leaving: _____

Notes: _____

Address: _____

Dates: _____

Roommates: _____

Reason for Leaving: _____

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Included Pictures

- Recent Portrait (high resolution, if possible)
- Tattoos
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- 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 Residency

Name: _____

Number: _____

Policies: _____

County Agency of Residency

Name: _____

Number: _____

Policies: _____

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Number: _____

Policies: _____

Initials

Acknowledgment

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Thank you,

Signature

Date

General Information

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Date of Birth: _____

Sex: _____

Gender: _____

Home Address: _____

Cell Phone: _____

Employer: _____
(See page 12 for more details)

Employer Address: _____

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(Names &
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Initials

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Eye Color: _____

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Contacts

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Colored

Tattoos: _____

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<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: _____

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(Please include current dosages)

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Car Model: _____

Year: _____ Color: _____

License Plate: _____
Number State

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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: _____

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Relationship: _____

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Phone Number: _____

Notes: _____

Name(s): _____

Relationship: _____

Phone Number: _____

Notes: _____

Initials

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Rotating Schedule? Yes No

Frequent Overtime Required? Yes No

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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: _____

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Location: _____

Address: _____

Frequency and/or Hours of the Day: _____

Initials

Financial Institution

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 Institution (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 Institution (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: _____

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: _____

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: _____

Initials

Previous Addresses

Address: _____

Dates: _____

Roommates: _____

Reason for Leaving: _____

Notes: _____

Address: _____

Dates: _____

Roommates: _____

Reason for Leaving: _____

Notes: _____

Address: _____

Dates: _____

Roommates: _____

Reason for Leaving: _____

Notes: _____

Initials

Previous Addresses

Address: _____

Dates: _____

Roommates: _____

Reason for Leaving: _____

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Address: _____

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Roommates: _____

Reason for Leaving: _____

Notes: _____

Address: _____

Dates: _____

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- Passport (if applicable)
- Social Security Card (U.S.A.)/Social Insurance Number Card
- Marriage License
- Medication List
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- 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)

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Name: _____

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Name: _____

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