



# Lisbon Police Department

A Community Policing Agency

300 Lisbon Street  
Lisbon, ME 04250

Ryan A. McGee  
Chief of Police

## Police Alert of Wanderer

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ DOB: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_

SS# \_\_\_\_\_ Glasses: YES / NO Does the he/she carry identification: YES / NO

Scars/Birthmarks/tattoos: \_\_\_\_\_

Primary Language if not English: \_\_\_\_\_

Home Address: \_\_\_\_\_ Cell #: \_\_\_\_\_ Home #: \_\_\_\_\_

### Emergency Contact:

**Primary Contact:** \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Secondary Contact:** \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Medical Information:

Medical Conditions:

\_\_\_\_\_

\_\_\_\_\_

Primary Doctor: \_\_\_\_\_ Hospital in Emergency: \_\_\_\_\_ Phone: \_\_\_\_\_

Is there any history of physical aggression towards themselves or others? (YES or NO) circle one, If yes please

Explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**\*\*\* Please Attach Photo of subject to the back of this packet \*\*\***