

**SAN DIEGO POLICE DEPARTMENT
PROCEDURE**

DATE: JUNE 21, 2019

NUMBER: 3.17 – INVESTIGATIONS

SUBJECT: MISSING ADULTS

RELATED POLICY: [3.17](#)

ORIGINATING DIVISION: INVESTIGATIONS II

NEW PROCEDURE:

PROCEDURAL CHANGE: **MINOR CHANGES**

SUPERSEDES: DP 3.17 MAY 29, 2019

I. PURPOSE

This Department procedure establishes guidelines for handling reports of missing adults.

II. SCOPE

This procedure applies to all members of the Department.

III. BACKGROUND

Penal Code section 14214 imposes a duty on all law enforcement agencies to immediately assist any person who is attempting to make a report of a missing person or runaway. Section 14215 defines “missing persons,” to include children and adults. However, this procedure covers only missing adults. See Department Procedure 3.09, At-Risk Missing/Runaway Juveniles, for information relating to missing children.

Although it is not a criminal violation to be a missing adult, Penal Code Section 14211(c) and 14212 mandate that law enforcement agencies document such persons through an Attorney General required form and establish a priority for investigation. There is no minimum time requirement before a report may be taken, and the reporting party may provide information necessary to complete the report either in person or over the telephone. The missing person's report will be taken without delay regardless of jurisdiction.

This policy also describes procedures an officer should take when they find an adult person who has not been reported as missing, but who may be lost or unable to understand their whereabouts and are therefore possibly missing.

IV. DEFINITIONS

- A. Missing Person - any person whose whereabouts are unknown to the reporting party.
- B. Missing Adult Persons fall into two categories, “at risk” (Dispatch Priority 1) and “not at risk” (Dispatch Priority 2). The investigating officer should evaluate the facts in each case to determine if the missing person is at risk.
 - 1. "At Risk" Missing Person circumstances includes the following:
 - a. The Missing Adult Person is the victim of a crime or foul play;
 - b. The Missing Adult Person is in need of medical attention;
 - c. The Missing Adult Person has no pattern of running away or disappearing;
 - d. The Missing Adult Person is mentally impaired and cannot care for his or her own welfare; or
 - e. Any other Missing Adult Person who is determined by the Department to be “At Risk.”
 - 2. Not “At risk” Missing Person
 - a. An escapee or “walk away” from a mental health facility is not considered “at risk” unless he/she is a danger to him/herself or others.

V. PROCEDURES

- A. A Missing Person Report shall be completed in NetRMS on ALL PERSONS reported as missing. These reports will be taken without delay, regardless of jurisdiction, including any telephone reports.
 - 1. Officers contacted in the field by individuals reporting a Missing Adult Person will take the report at that time. Reports will not be held until the next day and will be completed during the officer’s current shift.
 - 2. Telephone Reporting
 - a. Between the hours of 0700 and 2200 hours, seven days a week, the Centralized Telephone Report Unit will take the report if the Missing Adult Person is considered to be “not at risk.”

- b. When the Centralized Telephone Report Unit is not in operation, Communications Division will take all Missing Adult Persons reports.
- c. Communications Division will dispatch a unit on all calls of Missing Adult Persons at risk.

B. Not “At risk” Case Procedures

- 1. Communication Division dispatchers, Centralized Telephone Report Unit, and patrol officers receiving information on a Missing Adult Person “not at risk” shall complete a Missing Person Report in NetRMS and obtain a case number.
- 2. Records Division personnel will forward a copy of the Missing Person Report to the Adult Missing Persons Unit.

C. “At risk” Case Procedures

- 1. The Communications Division dispatcher shall format an incident and dispatch an officer to evaluate. After formatting an incident, the dispatcher will fax a copy of the incident to the Adult Missing Persons Unit.
- 2. When the dispatcher formats the incident, an electronic message is automatically relayed to Teletype, who will immediately enter the missing adult information into the Missing Persons System (MPS). Information entered in MPS shall include why the person is believed to be at risk.
- 3. An “all units” broadcast will give a description of the missing person.
- 4. If there are facts to indicate the “at risk” adult has a proven physical or mental disability, has been abducted, and great bodily injury or death is imminent, and the facts support the conclusion that a public notice would be of assistance in locating the “at risk” adult, then an Emergency Alert System (EAS) alert shall be requested pursuant to Department Procedure 2.05, California Child Safety Amber Network Activation. An EAS alert need not be requested if such notice would compromise the investigation.
- 5. If the “at risk” Missing Adult Person is an escapee from a hospital or other facility described in Welfare and Institutions Code section 7325, and the facility notification includes information that the escapee has been charged with any crime involving physical harm to children, the field supervisor responsible for the incident shall notify school districts:

- a. In the vicinity of the hospital or other facility from where the escapee was held;
- b. In the area the escapee is known or is likely to frequent; and,
- c. In the area where the escapee resided immediately prior to confinement.

D. Missing Alzheimer's Disease Patients

1. In addition to following the normal "At Risk" case procedures outlined above, a field supervisor will be notified when an Alzheimer's disease or Dementia patient is reported missing.
2. If the Missing Adult Person has not been located after an initial search, a Crisis Intervention volunteer may be requested. The volunteer will assist the family as a resource and referral aid. Crisis Intervention volunteers will generally not be called if the person is missing from a mental health facility or board and care home.
3. If an extensive search is in order, a field supervisor may request that Retired Senior Volunteer Patrol (RSVP) units from various commands be mobilized as the primary search units. If the units are not on duty, they may be called back at the discretion of the Watch Commander, via the Volunteer Services Coordinator.
4. At the earliest opportunity, the Missing Person Report will be faxed to the Adult Missing Persons Unit at (619) 531-2748. In addition, a photograph of the "at risk" Missing Adult Person shall be sent directly to the Adult Missing Persons Unit.
5. The Missing Person's Unit has an on-call detective available for assistance and can be an additional resource for patrol if initial efforts to locate the "at risk" missing person have been unsuccessful. The on-call detective can be contacted through the Watch Commander's Office.

NEW

E. Adult Missing Persons Unit

1. Investigates reports of Missing Adult Persons.
2. Creates Missing Adult Person flyers and disseminates them, when needed.
3. If facts dictate, alerts the Watch Commander of appropriate "at risk" Missing Adult Persons.
4. Reviews "courtesy" reports and contacts the appropriate agency.

5. Forwards dental X-rays and DNA samples to the California Department of Justice (DOJ) when required.
6. Receives and processes runaway/missing juvenile cases forwarded by area command juvenile detective after the juvenile turns 18 years of age if case warrants further follow-up.
7. Processes impounded and found property related to Missing Adult Person cases.

F. Reports

1. The Missing Person Report must be as complete and detailed as possible, and should include, if available:
 - a. The reporting party's address and phone number;
 - b. A complete physical, dental, scar, and tattoo description of the Missing Adult Person is necessary and could be an aid in identification;
 - c. The Missing Adult Person's complete name, social security number, address, phone number of their dentist, and any information regarding their social networking accounts (Facebook, email address, etc.); and,
 - d. In "at risk" cases, it is necessary to obtain a photograph of the Missing Adult Person as soon as possible. The photograph should be forwarded to the Adult Missing Persons Unit;
2. Records Division personnel will forward a copy of all reports of Missing Adult Persons to the Adult Missing Persons Unit.
3. Non-residents
 - a. A Courtesy Report will be taken on a Missing Adult Person who is not a resident of San Diego.
 - b. A case number will be assigned for "at risk" Missing Adult Persons only.
 - c. The agency having jurisdiction over the Missing Adult Person's place of residence has the ultimate responsibility of investigating the case. A copy of the report will be sent to the agency where the Missing Adult Person resides. However, the Adult Missing

Persons investigator will assist other agencies with the local investigation.

G. Reporting Party Interaction

1. Reports may be taken from family, friends, landlords, employers, or roommates where circumstances warrant.
2. The investigating officer should ensure that the reporting party understands:
 - a. It is not against the law to be a missing adult;
 - b. The burden of checking jails, hospitals, friends, banks, Medical Examiner, etc. is the reporting party's responsibility;
 - c. The location of the missing person will be revealed only if he or she (missing person) so desires;
 - d. This Department cannot force the return of a Missing Adult Person;
 - e. The reporting party must notify this Department when the Missing Adult Person is located or their whereabouts are known; and,
 - f. The reporting party is required by law to furnish this Department with dental records after 30 days.
3. Do not suggest or promise the reporting party that this Department will initiate an all-out search.

H. Persons are NOT considered bonafide missing, unless extenuating circumstances exist, to include:

1. A deserting spouse. A spouse is legally free to come and go as he or she pleases;
2. Fugitives from justice (includes AWOL service personnel);
3. A person who has left a note or told someone they are leaving. An exception would be a suicide note; and,
4. A person who simply has not been in touch with the reporting party for an extended period of time, unless extenuating circumstances exist.

I. Located Missing Persons and Alzheimer's Disease Patients

1. "At risk" Missing Adult Persons (not escapees or conservatees from hospitals and other facilities)
 - a. Unless the Missing Adult Person is an "at risk" escapee from a mental health facility or a conservatee, as described in Welfare and Institutions Code, section 7325, the located missing person's whereabouts cannot be divulged to anyone unless the Missing Adult Person specifically authorizes it. If, however, the Missing Adult Person is incapacitated, hospitalized, or has died, then the information can be released.
 - b. Generally, the Missing Adult Person should be advised of the report and released.
 - c. The officer should then notify the Adult Missing Persons Unit of the contact.
2. "At risk" Escapees from Hospitals and Other Facilities
 - a. Welfare and Institutions Code, section 7325 requires that peace officers apprehend and return committed or placed patients who have escaped from designated mental health facilities.
 - b. A mental health facility may include a County mental health facility (such as San Diego Psychiatric Hospital), a state mental hospital, or any facility in which a conservator has placed his conservatee (including a board and care home).
 - c. A facility representative or conservator may make a written request for the return of the escaped patient. A telephonic notification may also be made.
 - d. A warrant or court order for the apprehension, custody, and return of the escaped patient is not required. However, in cases involving a conservator, the officer should request that the conservator provide a detention order. The facility will be named in the Missing Persons System entry or Officer Notification System entry.
 - e. If the located "at risk" Missing Adult Person is known to be missing from a facility in another jurisdiction, the person will be taken to the San Diego County Psychiatric Hospital for evaluation.

3. Found Alzheimer's Disease Patients

- a. A person suffering from Alzheimer's Disease can easily be frightened when approached in a threatening manner. Great care should be exercised when making initial contact.
- b. Check the person for a medical alert bracelet. The bracelet will have a coded number and a toll-free telephone number to call. The code number, when given to the operator, will identify the person.
- c. If the found person does not have a bracelet, call the National Safe Return Program at 1(800)272-3900. By giving a physical description of the person to them, they can check their database and provide a list of possible names. The Safe Return Program has the capability of faxing photographs of possible patients.
- d. If the person does not have a bracelet or identification, does not know his or her name or address, and has not been reported as missing, the officer can request Communications Division to call the appropriate mental health care facility in the immediate area. Communications Division will maintain a current list of all facilities by service area.
- e. The San Diego County Psychiatric Hospital, located at 3851 Rosecrans Street, (619) 692-8200, will hold several geriatric beds for such unidentified Alzheimer's Disease patients.
- f. The Adult Missing Persons Unit will be responsible for identifying the found person if all other avenues fail.

4. Found Persons With Developmental Disabilities

- a. People with developmental disabilities or medical conditions may have an increased risk of becoming lost and confused. Members of this group may not be able to identify themselves or provide accurate information to first responders about their immediate needs.
- b. The San Diego Police Department's *Take Me Home* program is intended to assist officers in obtaining identifying information, behavioral considerations, medical conditions, special care instructions, a detailed description of the person, and a photo.
- c. Officers who encounter a person who is unable to identify themselves may use SDLaw to access the *Take Me Home* database. Department employees who have authorized access to SDLaw can

enter the database from eMug Web on the SDLaw main menu page. Once eMug Web is open, use the drop-down menu, change the database to "Take Me Home," and select "retrieve" to begin your search.

- d. By entering known data (e.g., gender, race, age range, height, weight), officers now have a tool to identify lost individuals. An officer may also enter the zip code to search the area in which they were found. A photo or series of photos will appear matching the criteria entered. Clicking on the photo that represents the person found will provide critical information about the at-risk individual to include, name, address, phone number, medical condition(s), and caregiver information.

J. Unconscious and Unidentified Persons At Hospitals

1. Hospitals may call the Communications Division to request a law enforcement follow-up on patients who are unconscious and unidentified. This usually occurs when an unconscious person with no identification is brought to a hospital by ambulance. The following procedures shall apply in these situations:
 - a. Upon being dispatched, officers shall respond to the hospital and contact the reporting party.
 - b. Ensure the reporting party is a legitimate hospital employee.
 - c. Ensure the patient is, in fact, unconscious, disabled, or impaired to the point where the patient cannot identify himself or herself.
 - d. Ensure the hospital staff members have taken reasonable steps to identify the patient on their own (i.e. checking for identification, interviewing paramedics or friends of the patient who may be present, etc.).
2. Fingerprinting
 - a. For unconscious and unidentified persons at hospitals, the officer shall take a full set of fingerprints from the patient sufficient to be checked through Cal-ID.
 - b. The officer shall use a fingerprint card form (FD-249), filling out all available information (sex, height, weight) and listing the charge as "POSSIBLE MISSING PERSON."
 - c. The officer shall also record the patient's description on an inter-office memo, making note of any usual identifiers such as tattoos,

birthmarks, or scars, as well as any circumstances reported by the hospital staff that might aid in identifying the patient. The heading on the memo shall read: "ATTENTION CAL-ID: POSSIBLE MISSING PERSON."

- d. The officer shall take the prints, the inter-office memo and the completed "REQUEST FOR CAL-ID SEARCH" to Records Division at Headquarters, where the officer will submit these reports to the Cal-ID desk. After submitting the prints and inter-office memo, the officer may clear the call.
 - e. Records shall run the fingerprints through the Cal-ID system. The results of the Cal-ID search, either positive or negative, shall be attached to the original prints and inter-office memo. The package will then be forwarded to the Missing Persons Unit for follow-up.
 - f. Mobile Identification Scanners and facial recognition devices may be used to identify persons under exigent circumstances when the person has been involved in an accident or has had some other medical emergency and has no identification, or is unable to provide identification. Identification of the person is necessary to provide information to next of kin. This information is for investigative purposes only and shall not be released to the hospital if the only reason for doing so is to provide the hospital with billing information. (See Procedure 1.50, Section V, B, 2, Facial Recognition).
 - g. The Missing Persons Unit will conduct a follow-up on the information to determine whether or not the unidentified patient is a reported missing person. The Missing Persons Unit will make the determination, based on the facts of each case, as to whether or not to release any of the patient's identifying information to the hospital. Information gained from criminal records searches, such as names, addresses, physical descriptions, photographs, arrest records, cannot be released to unauthorized persons (this includes hospital staff) unless it is for a legitimate law enforcement purpose. Patient information should not be released to the hospital if the only reason for doing so is to provide the hospital with billing information.
3. Officers responding to hospitals should be alert to any circumstances that would necessitate an immediate or more thorough follow-up. For example, if the appearance of the unconscious patient or the circumstances

surrounding his or her presence at the hospital indicates the patient might be a victim or a suspect in a crime, the officer should initiate an immediate investigation.

4. Under no circumstances shall officers take fingerprints from deceased persons. If such a request is received from a hospital, the hospital staff shall be advised to contact the Medical Examiner's Office.