

# STRATHAM, NH POLICE DEPARTMENT



**FORM NAME: SPD-F-45**

The safety of our residents who may have a disability or condition which would cause them to wander is a great concern to the department. With this in mind, the Stratham Police Department has instituted a SafeWatch program designed to proactively gather pertinent and recent information, so that, if a person should go missing, we are immediately prepared to begin an informed search to bring the individual home as soon as possible.

This information is protected within the Stratham Police Department and will only be shared with other responding agencies if your loved one were to go missing.

**\*\*\*\*Please attach a current picture of the individual with this form\*\*\*\***

Name of Individual: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Gender: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Scars/Marks/Tattoos: \_\_\_\_\_

Applicable Medical Condition(s): \_\_\_\_\_

Are they likely to wander? **Yes** or **No**

Do they attend a school or program? If Yes, location: \_\_\_\_\_

Favorite Attractions or Places: \_\_\_\_\_

Distinguishing Behaviors or Signs of Distress: \_\_\_\_\_

Favorite Objects/Toys/Topics, Likes and Dislikes: \_\_\_\_\_

Preferred Communication Methods ex. Non-verbal, printed words, pictures etc. \_\_\_\_\_

Emergency Contact One:

Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Relation: \_\_\_\_\_

Emergency Contact Two:

Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Relation: \_\_\_\_\_

**Additional space provided for any other information you feel would be valuable for the Police Department to have**

