

VULNERABLE PERSON INFORMATION  
FOR USE BY PUBLIC SAFETY OFFICIALS  
COLUMBIA CITY POLICE DEPARTMENT

LAST NAME: \_\_\_\_\_ FIRST: \_\_\_\_\_ MIDDLE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ NICKNAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ PHONE: \_\_\_\_\_

HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ SEX: \_\_\_\_\_

HAIR: \_\_\_\_\_ EYES: \_\_\_\_\_ GLASSES: \_\_\_\_\_

SCARS/MARKS/TATTOOS: \_\_\_\_\_

DESCRIPTION OF VULNERABILITY: \_\_\_\_\_

SPECIAL NEEDS: \_\_\_\_\_

MEDICAL NEEDS: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

PHYSICIAN: \_\_\_\_\_ PHONE: \_\_\_\_\_

PARENT/GUARDIAN EMERGENCY CONTACT INFORMATION (Please Print)

LAST NAME: \_\_\_\_\_ FIRST: \_\_\_\_\_ MIDDLE: \_\_\_\_\_

DOB: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ OTHER PHONE: \_\_\_\_\_

I UNDERSTAND THE INFORMATION INCLUDED ABOVE IS BEING PROVIDED VOLUNTARILY AND WILL BE MAINTAINED BY THE COLUMBIA CITY POLICE DEPARTMENT FOR EMERGENCY SERVICES. THIS INFORMATION MAY BE SUBJECT TO THE PUBLIC RECORDS ACT AND MAY BE RELEASED IN THE EVENT OF A PUBLIC RECORDS REQUEST.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE