

# MISSING PERSONS COMMUNITY ACTION TOOLKIT

Objective of the Toolkit: The purpose of the MMDR Missing Persons Community Action Toolkit is to aid families through the process of locating a missing relative, how to work with law enforcement, mobilize a community search/rescue with emergency management agencies, and to improve communication between all the involved parties. The ultimate goal is to bring our relatives home!

Creation of this toolkit was done with community input and in partnership with:







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# If the case does not qualify for a search and rescue and friends and family would like to mobilize...

Reach out to a local community organization or business who would be able to volunteer a space to setup up a Community Command Post. This could be at a chapter house, church, local business, etc.

Determine the roles of the volunteers:

- Community Command Post Coordinator(s): These volunteers would be the point of
  contact for the search. It is recommended to obtain a prepaid phone that is dedicated to
  the search so the point of contact does not need to give out their own personal
  information. It is also recommended that they create a separate Communication Log
  dedicated to only the search as information comes in. This person can also serve as the
  media and public relations person, as well as accepting donations for the search party.
- Community Search Facilitator(s): these volunteers are in charge of mobilizing the search and create search groups. They should also create a strategy for the search and keep track of the GRID search. They should also ensure the safety of search volunteers with regular check-ins and ensure all searchers are accounted for at the end of the search.
- Search Volunteers: Help to physically search the area for the missing person. Some volunteers could also help with calling places the missing person may be (hospitals, shelters, etc.) and documenting.

Missing Person

**Draft Organizational Structure Point of Contact** Family Public Information **Public Safety** Mobile Resources Situation Status Support Finances Search and Rescue Resources Track Food Personal Time Community Situation Status Supplies **Overall Costs** Counseling Services Documentation Transportation Donations Demobilization **Facilities** Recovery Purchasing Communication

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#### Self-Care after a Traumatic Experience – Things to do:

- Don't isolate yourself. Seek support from others, family, friends, or adult children. If that does
  not feel like an option, you could also try going to a support group. Navajo Nation Department of
  Behavioral and Mental Health Services (DBMHS)
- Seek professional help. Trained professionals can provide you specific help in these circumstances. It is okay to speak to someone to guide you through this time.
- Face the problem/trauma: don't avoid what you experienced
- Exercise both indoors and outdoors. Time in the sun is important, it provides your body with vitamins and improves mood.
- Eat healthy. It is important to make sure you are eating a balanced meal of fruits, vegetables, and healthy proteins. It is also vital to drink lots of water and stay hydrated.
- Pay attention to your body. Cry if you need to, sleep if you are tired. Your body and mind will feel better and function better if you fulfill your needs.
- Get involved in an activity or project. It can help you channel your feelings or take your mind off
  of things for a little while. This can be as simple as painting a rock, doing art, reading, taking a
  walk, or volunteering.
- Set reminders for yourself. Keep a calendar of important events.
- Ask for support from others, especially if you are feeling overwhelmed. They may also find comfort in being there for you.
- Check in with yourself. Ask yourself: How am I doing?
   If I am feeling bad...
  - -**Physically**: Am I eating properly and staying hydrated? Have I been resorting to self-harm or using substances to cope?
  - -Psychologically: Am I depressed? Am I talking about things out of the ordinary, particularly death? Have I been allowing myself time to cry and feel my emotions? Have I been avoiding the problem or lying about the situation? Can I utilize my support network, social media, or a professional to talk about these issues and feelings?
  - **Socially**: Am I avoiding my friends or family? Are my behavior patterns changing? During this time, you may find yourself being alone more. Are you ok with that?
  - **-Spiritually**: Am I avoiding this? Do I need to pray about this? Engaging in ceremonial and religious practices may be helpful for some and may help you be around a supportive community.
- Meditate or pray if you feel comfortable doing so. For example, you could set a goal of meditating for ten minutes or doing a breathing exercise. Here is an example:
  - 1. Relax your neck and shoulders.
  - 2. Keeping your mouth closed, inhale slowly through your nose for 2 counts.
  - 3. Pucker or purse your lips as though you were going to whistle.
  - 4. Exhale slowly by blowing air through your pursed lips for a count of 4.
- Visit with a spiritual practitioner or counselor. Read scripture, attend church or spiritual activities if that is something you are comfortable with.
- Spend time focusing on something you enjoy
- Maintain a journal. This does not need to be specifically about the incident. Write down what
  you enjoy, give yourself goals, write down what you feel, recognize your needs and do a selfassessment. You can draw a picture or color, which may be helpful for children affected by this
  event.
- Give yourself time to heal. Establish a healthy routine, manage negativity, and regain control. You have just experienced something no one should experience. <u>Take time for yourself.</u>

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<sup>\*</sup>Print additional pages of the contact log as needed. You may find extra pages on www.navajommdr.org

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<sup>\*</sup>Print additional pages of the communication log as needed. You may find extra pages on <a href="https://www.navajommdr.org">www.navajommdr.org</a>

# Appendix C - MMDR Missing Person Toolkit Template

| NAME  | MISSING FROM                               |
|---|--|
|   | LAST DATE SEEN:"                           |
| NICK NAME(S) OR ALIASES:  | Time:                                      |
| VICTIM HISTORY  |  |
| Check Box if it Applies to Victim:  | Date:                                      |
| *This list is only to serve as a more holistic and empathetic understanding of  |  |
| the Victim and Victim's history as it pertains to his/her/their disappearance.  | Location:                                  |
| Collecting a history of abuse can help us understand a victim's relationship to safety and vulnerability. Sometimes this information can provide critical |  |
| insight on how and why the victim is missing or was murdered.   | AGE LAST SEEN:"                            |
| THIS RELATIVE IS UNSHELTERED  |  |
| ☐ THIS RELATIVE IS A VICTIM OF HUMAN TRAFFICKING  | DATE OF BIRTH:"                            |
| THIS RELATIVE IS A VICTIM OF FORCED LABOR   |  |
| ☐ THIS RELATIVE IS A VICTIM OF SEX TRAFFICKING  |  |
| THIS RELATIVE IS INVOLVED WITH SEX WORK   | *DO NOT Include DOB                        |
| SURVIVAL SEX  | on posters as may be<br>used by others for |
| ☐ CHOSEN SEX WORK ☐ THIS RELATIVE IS A VICTIM OF DOMESTIC VIOLENCE  | Identity Theft                             |
| THIS RELATIVE IS A VICTIM OF BOMESTIC VIOLENCE  | •  |
| ☐ THIS RELATIVE IS A VICTIM OF HATE CRIME   | EYE COLOR:"                                |
| ☐ THIS RELATIVE IS A VICTIM OF ELDER ABUSE  |  |
| ☐ THIS RELATIVE SUFFERS FROM SUBSTANCE DEPENDENCY   | HEIGHT:"                                   |
| ☐ THIS RELATIVE IS INVOLVED IN FRONTLINE ACTION   |  |
| THIS RELATIVE IS A VICTIM OF TRANSPHOBIA  |  |
| ☐ THIS RELATIVE IS A VICTIM OF HOMOPHOBIA ☐ THIS RELATIVE IS A VICTIM OF BULLYING   | WEIGHT:                                    |
| ☐ THIS RELATIVE IS A VICTIM OF BOLLTING ☐ THIS RELATIVE EXPERIENCES ALIENATION FROM FAMILY AND  |  |
| FRIENDS   | - LIAID COLOD-II                           |
| ☐ THIS RELATIVE FREQUENTS BORDER TOWN AREAS   | HAIR COLOR:"                               |
| ☐ THIS RELATIVE IS LIVES NEAR MAN CAMPS   |  |
| ☐ THIS RELATIVE WORKS FOR EXTRACTIVE INDUSTRIES   | FACIAL HAIR:                               |
| THIS RELATIVE IS A VICTIM OF CHILD ABUSE  |  |
| ☐ THIS RELATIVE IS IN FOSTER CARE ☐ THIS RELATIVE OFTEN HITCH-HIKES   |  |
| THIS RELATIVE OF TENTITICIT-THRES  THIS RELATIVE IS A VICTIM OF SEXUAL VIOLENCE   | TATTOOS:"                                  |
| MENTAL HEALTH:  |  |
| Check Box if it Applies to Victim:  | -  |
| ☐ THIS RELATIVE EXPERIENCES DEPRESSION  |  |
| ☐ PTSD  | PIERCINGS:"                                |
| AUTISM SPECTRUM   |  |
| DOWN SYNDROME   | OTHER VISIBLE PHYSICAL                     |
| ☐ THIS RELATIVE HAS ATTEMPTED SUICIDE ☐ THIS RELATIVE EXPERIENCES DISCRIMINATION  | FEATURES:"                                 |
| THIS RELATIVE EXPERIENCES DISCRIMINATION  THIS RELATIVE HAS A SEX ADDICTION   | Birthmarks:                                |
| THIS RELATIVE HAS A GAMBLING ADDICTION  |  |
| ☐ THIS RELATIVE HAS ACCESS TO A WEAPON(S)   | 76.1                                       |
| DOES THIS RELATIVE HAVE A DISABILITY THAT MAY   | Moles:                                     |
| NEGATIVELY AFFECT THEIR MENTAL HEALTH (SUCH AS:   |  |
| DEMENTIA, ETC.)   | Dental:                                    |
|   |  |

| OTHER POTENTIAL RISK FACTORS AS                                       | T APPLIES TO VICTIM  | HEALTH/WELLBEING CONCERNS |
|---|--|---------------------------|
|   |  | Mental Health:            |
| MAIN CONTACT(S) ON BEHALF OF VIC<br>Command Post Coordinators, etc.): | TIM (AKA Point of Contact;                                       |                           |
|   |  | Medication(s):            |
| NAME:   | Location:  |                           |
| Relationship to Victim:   |  | Addictions:               |
| PHONE NUMBER:   | EMAIL:   |                           |
| Describe roll/duty in search process:                                 |  | Medical Disability:       |
| NAME:   | Location:  | 2.204.242                 |
| Relationship to Victim:   |  | Chronic Illnesses:        |
| PHONE NUMBER:   | EMAIL:   |                           |
| Describe roll/duty in search process:                                 |  | Physical Disability:      |
| NIANTE.   | Location   |                           |
|   | Location:  |                           |
| Relationship to Victim:   |  | CAREER OR WORK            |
| PHONE NUMBER:   |  | CHILDREN AND NAMES        |
| Describe roll/duty in search process:                                 |  | CHIEDREN AND NAMES        |
|   |  |                           |
| VICTIM:   |  |                           |
| <u>Awareness and Orientation of</u>                                   | <u>Victim:</u>   |                           |
| Check Box if, YES:  |  |                           |
| ☐ The victim knows his/her/th   | eir name and can recognize significant others                    |                           |
| ☐ This relative is hearing impa                                       | ired   |                           |
| ☐ Wears a hearing aid   |  |                           |
| ☐ Deaf  |  |                           |
| Understands Sign Lang   | guage  |                           |
| ☐ In addition, the victim is able                                     | to tell where he/she/they are geographically                     |                           |
| <ul><li>In addition, the victim is able<br/>and season</li></ul>      | to communicate the date, day of the week,                        |                           |
| ☐ In addition to knowing his/h victim can explain situatio            | er/their name, location, and time, the<br>ns that happen to them |                           |
| Any additional details:   |  |                           |
| <u>Language(s) Victim Speaks:</u>                                     |  |                           |

| <b>Areas/Locations Victim Frequents:</b>   |  |
|--|--|
| Location name:   |  |
| How often the victim frequents?"   |  |
| ADDRESS:   | PHONE NUMBER:  |
| Describe victims' relationship to location/area: _   |  |
| Check Box if, YES:  ☐ Is this location an area of concern? ☐ Is this location a safe place for the victim  |  |
| Location name:   |  |
| How often the victim frequents?  |  |
| ADDRESS:   | PHONE NUMBER:  |
| Describe victims' relationship to location/area:   |  |
| Check Box if, YES:  ☐ Is this location an area of concern? ☐ Is this location a safe place for the victim  | ?  |
| <b>Victim Contact Information:</b>   |  |
| Phone number:  | Service provider:  |
| [Note: Only law enforcement will have the ability  | to ping the location of cell phone]  |
| <ul> <li>expedite information and ping phone local messages) with that phone number early</li> <li>If the cell phone is left behind, law enforce calling and messaging that phone which the contract of the co</li></ul> | er of the missing individual, that will help Law Enforcement ation as well as who is in contact (phone calls and text in the investigation.  ement will take possession of that phone to document who is will then be a part of the investigation. Law enforcement ilies to hand over the cell phone, to develop leads and |
|  | o voicemail?<br>ve access to GPS tracking/Find my iPhone app, etc.?<br>ere:  |
| <u>Victim Bank Card Usage:</u>   |  |
|  | to access recent bank charges, otherwise family members<br>ll only have access to paper statements that may come   |
| <ul> <li>suspicion and details around disappearar</li> <li>Share with Law Enforcement the victims give them insight on where the individua</li> <li>If the bank card is missing with the individual which could lead to critical information of</li> </ul>   | bank information, bank card if it is left behind, which may l was prior and during disappearance. idual, law enforcement will monitor the bank card usage in location of victim and leads.   |
| DcpmPco g<   |  |
| Pco g'qh'qyj gt 'r gqr ng'qp'ceeqwpv<  |  |

#### **VICTIM'S VEHICLE DESCRIPTION:**

[If a family member locates the vehicle, it is important to leave the vehicle undisturbed until law enforcement investigates to preserve any evidence that is present there]

- Do not touch the car/vehicle
- Do not disturb anything on the ground or in the area of the vehicle
- Document who spotted the vehicle
- If there are any environmental circumstances such as rain or weather, ceremony, etc. that would change the details of the location or destroy the evidence of the area, there must be communication with nearest law enforcement that can be reached.
  - If this is not possible due to forthcoming elements, it is encouraged to take detailed photos and videos of the scene with little to no disturbance of the environment as is.
- Encourage law enforcement/dispatch/ police to scope and document scene as soon as possible.
- If the point of contact for the vehicle location wants to remain anonymous, law enforcement will treat the individual as suspicious rather than a witness to the situation. It is best for the individual to proceed with communication and coordination with law enforcement. After the individual is interviewed by law enforcement/police investigators, once that individual is cleared, the individual can then remain anonymous to the case.
- Some Modern Vehicles carry black boxes that contain information: the history of the vehicle's movement, tracking where it was stolen to the time it was recovered, which can be useful in helping to understand the history of the vehicle as it pertains to the case.

[TIP FOR FAMILIES: If vehicle is missing with the victim, check local towing yards & bring the vehicle VIN # with you.]

| MAKE:  | MODEL:                       | COLOR:  |        |
|--|------------------------------|---|--------|
| License Plate:                                       | State:                       | VIN#:   |        |
| the dealership. Family ar dealership/car loan office | nd law enforcement will need | , those cars will have a tracker that has been atta<br>a court order to request that private information<br>aws and procedures regarding car tracking and c<br>ferent processes.] | from ' |
| ☐ The vehicle is m                                   | issing with victim           |   |        |
| ☐ The vehicle has l                                  | been located                 |   |        |
| Date found:  |                              | _   |        |
| Location found                                       | d:                           |   |        |
| ☐ The vehicle has l                                  | been found underneath suspi  | cious circumstances   |        |
| Provide details                                      | s here:                      |   |        |
| Description of any v                                 | ehicle damage:               |   |        |
| Windows (tinted, cra                                 | acked, etc.):                |   |        |
|  |                              | cle already had this system activated prior to the sues law enforcement and families will have to g   |        |
| ☐ Lo Jack<br>☐ OnStar                                |                              |   |        |

#### KNOWN CIRCUMSTANCES PRIOR TO DISAPPEARANCE:"

| [Examples:     | Family Argun   | nent, Hitch-l | Hiking, Runn    | ing Errands, | Date, Hang ( | Out, Party, e | tc.] |
|----------------|----------------|---------------|-----------------|--------------|--------------|---------------|------|
| ACTIVITY:      |                | ARI           | AREA: PEOPLE IN |              | NVOLVED:     |               |      |
| TIME:          | DATE:          |               |                 |              |              |               |      |
| Description of | circumstance:  |               |                 |              |              |               |      |
|                |                |               |                 |              |              |               |      |
|                | DATE:          |               |                 |              |              |               |      |
| Description of | circumstance _ |               |                 |              |              |               |      |
| Month:         |                |               |                 |              |              |               |      |
| Sunday         | Monday         | Tuesday       | Wednesday       | Thursday     | Friday       | Saturday      |      |
|                |                |               |                 |              |              |               |      |
|                | 7 -            | 1             |                 |              |              |               |      |
|                |                |               |                 |              |              |               |      |
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|                | _              | _             |                 |              |              |               |      |
|                |                |               |                 |              |              |               |      |
|                |                |               |                 |              |              |               |      |
| Month:         | <u> </u>       |               |                 | l            |              |               |      |
| Sunday         | Monday         | Tuesday       | Wednesday       | Thursday     | Friday       | Saturday      |      |
|                |                |               |                 |              |              |               |      |
|                |                |               |                 |              |              |               |      |
|                |                |               |                 |              |              |               |      |
|                |                | <u> </u>      | 1               |              |              |               |      |
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|                |                |               |                 |              |              |               |      |
|                |                |               |                 |              |              |               |      |
|                |                |               |                 |              |              |               |      |

# PEOPLE LAST IN CONTACT WITH VICTIM PRIOR TO DISAPPEARANCE: NAME: AGE: \_\_\_\_\_ RACE/ETHNICITY/TRIBAL AFFILIATION: CITY: \_\_\_\_ | STATE: \_\_\_\_ | CELL PHONE NUMBER: \_\_\_\_ Description of Individual: Relationship to victim: Description & details of last interaction (ex. In person, over the phone, etc.): **Check Box if, YES:** ☐ Are they in custody? Where: Have they been avoidant of inquiry? Description of avoidance: Individual is also victim to crime of missing/murdered relative. LINKS TO INDIVIDUAL'S SOCIAL MEDIA: Face Book: Instagram: \_\_\_\_\_ Other: \* Additional notes and details: NAME: AGE: \_\_\_\_ RACE/ETHNICITY/TRIBAL AFFILIATION: \_\_\_\_\_ CITY: \_\_\_\_\_ | STATE: \_\_\_\_ | CELL PHONE NUMBER: \_\_\_\_ Description of Individual: Relationship to victim: Description & details of last interaction (ex. In person, over the phone, etc.): Check Box if, YES: Are they in custody? Where: ☐ Have they been avoidant of inquiry? Description of avoidance: Individual is also victim to crime of missing/murdered relative. LINKS TO INDIVIDUAL'S SOCIAL MEDIA:

\* Additional notes and details:

#### **INTIMATE PARTNER HISTORY:**

| NAME:AGE:   |   |
|---|---|
| RACE/ETHNICITY/TRIBAL AFFILIATION:  |   |
| CITY:   STATE:   CELL PHONE NUMBER:   |   |
| Description of Individual:  | _ |
| Description of Relationship:  | _ |
| Description & details of last interaction (ex. In person, over the phone, etc.):  |   |
| Check Box if, YES:  |   |
| ☐ Current or most recent partner  |   |
| Past partner, DATE of last known contact/dating:  |   |
| History of Intimate Partner Violence with victim Details:   |   |
| ☐ History of Threats toward victim or other  Details:   |   |
| ☐ History of Intimate Partner Violence with other partner(s) or people  Details:  |   |
| History of other partner(s) going missing Details:  |   |
| History of Substance Dependency Details:  |   |
| NAME: AGE:  |   |
| RACE/ETHNICITY/TRIBAL AFFILIATION:  |   |
| CITY:   STATE:   CELL PHONE NUMBER:   |   |
| Description of Individual:  |   |
| Description of Relationship:  |   |
| Description & details of last interaction (ex. In person, over the phone, etc.):  |   |
| Check Box if, YES:  |   |
| ☐ Current or most recent partner  |   |
|   |   |
| Past partner, DATE of last known contact/dating:  |   |
|   |   |
| Past partner, DATE of last known contact/dating:  History of Intimate Partner Violence with victim  | _ |
| <ul> <li>□ Past partner, DATE of last known contact/dating:</li> <li>□ History of Intimate Partner Violence with victim</li> <li>□ Details:</li> <li>□ History of Threats toward victim or other</li> <li>□ Details:</li> <li>□ History of Intimate Partner Violence with other partner(s) or people</li> </ul> | _ |
| <ul> <li>□ Past partner, DATE of last known contact/dating:</li> <li>□ History of Intimate Partner Violence with victim         Details:</li> <li>□ History of Threats toward victim or other         Details:</li> <li>□ History of Intimate Partner Violence with other partner(s) or people</li> </ul>       |   |

#### **INTIMATE PARTNER HISTORY:**

|         | E:AGE:   |
|---------|--|
| RACE/   | ETHNICITY/TRIBAL AFFILIATION:  |
| CITY:   | STATE:   CELL PHONE NUMBER:  |
| De      | scription of Individual:   |
| De      | scription of Relationship:   |
| De      | scription & details of last interaction (ex. In person, over the phone, etc.):   |
| Check I | Box if, YES:   |
|         | Current or most recent partner   |
|         | Past partner, DATE of last known contact/dating:   |
|         | History of Intimate Partner Violence with victim Details:  |
|         | History of Threats toward victim or other  Details:  |
|         | History of Intimate Partner Violence with other partner(s) or people  Details:   |
|         | History of other partner(s) going missing Details:   |
|         | History of Substance Dependency Details:   |
| NAME    | ACE.   |
|         | E: AGE:  |
| RACE/   | ETHNICITY/TRIBAL AFFILIATION:  |
|         | ETHNICITY/TRIBAL AFFILIATION:  |
| CITY:   |  |
| CITY:   | ZETHNICITY/TRIBAL AFFILIATION:   CELL PHONE NUMBER:  |
| CITY:   | ZETHNICITY/TRIBAL AFFILIATION:    STATE:   CELL PHONE NUMBER:   Scription of Individual:   |
| CITY:   | Scription of Relationship:   |
| CITY:   | Scription of Relationship:  scription & details of last interaction (ex. In person, over the phone, etc.):   |
| CITY:   | SCRIPTION:  STATE:   CELL PHONE NUMBER:  scription of Individual:  scription of Relationship:  scription & details of last interaction (ex. In person, over the phone, etc.):  Box if, YES:  |
| CITY:   | STATE:   CELL PHONE NUMBER:   STATE:   CELL PHONE NUMBER:   Scription of Individual:   Scription of Relationship:   Scription & details of last interaction (ex. In person, over the phone, etc.):   Sox if, YES:  |
| CITY:   | STATE:   CELL PHONE NUMBER:   Scription of Individual:   Scription of Relationship:   Scription & details of last interaction (ex. In person, over the phone, etc.):   Sox if, YES:   Current or most recent partner   Past partner, DATE of last known contact/dating:   History of Intimate Partner Violence with victim   Details:   History of Threats toward victim or other  |
| CITY:   | STATE:   CELL PHONE NUMBER:   Scription of Individual:   Scription of Relationship:   Scription & details of last interaction (ex. In person, over the phone, etc.):   Box if, YES:   Current or most recent partner   Past partner, DATE of last known contact/dating:   History of Intimate Partner Violence with victim   Details:   History of Threats toward victim or other   Details:   History of Intimate Partner Violence with other partner(s) or people  |
| CITY:   | STATE:   CELL PHONE NUMBER:   Scription of Individual:   Scription of Relationship:   Scription & details of last interaction (ex. In person, over the phone, etc.):   Sox if, YES:   Current or most recent partner   Past partner, DATE of last known contact/dating:   History of Intimate Partner Violence with victim   Details:   History of Threats toward victim or other   Details:   STATE:   CELL PHONE NUMBER:   CELL PHONE NUM |

#### **PEOPLE OF INTEREST:**

[\*SAFETY DISCLOSURE: For the safety of family and relatives, it is important to assess risk factors that may affect your safety when inquiring with people of interest. If family does want to inquire with individuals, it is strongly encouraged you meet in a public place, over the phone, or with multiple individuals as safety-net]

| NAME:                          | AGE:  |
|--------------------------------|---|
| RACE/ETHNICITY/                | RIBAL AFFILIATION:  |
| CITY:                          | STATE:  CELL PHONE NUMBER:  |
| Description of In              | ividual:  |
| Description of Re              | ationship:  |
| Description & det              | ils of last interaction (ex. In person, over the phone, etc.):                                |
| Description of Ca              | /Vehicle:   |
| Criminal History               |   |
| Substance Depen                | ency:   |
| Check Box if, YES:             |   |
| ☐ Are they in cu               | stody? Where:   |
| ☐ Does this per                | on have a history of violence?  |
| ☐ Have they be                 | n avoidant of inquiry?  |
| ☐ Is there an in               | onsistency in stories shared?   |
| ☐ Have they be                 | n cooperative? (tip box with explanation of suspicions: unmatched stories, lies, etc.)        |
| ☐ Is there a his Violence, Coe | ory of violence with the victim? (e.g. Domestic Violence, Sexual Violence, Dating cion, etc.) |
| LINKS TO INDIVIDUA             | 'S SOCIAL MEDIA:  |
| Face Book:                     |   |
|                                |   |
| Other:                         |   |
| * Additional notes and         | details:  |

#### **KNOWN SUSPECTS TO FAMILY:**

[\*SAFETY DISCLOSURE: For the safety of family and relatives, it is important to assess risk factors that may affect your safety when inquiring with people of interest. If family does want to inquire with individuals, it is strongly encouraged you meet in a public place, over the phone, or with multiple individuals as safety-net]

| NAME:                               | AGE:   |
|-------------------------------------|--|
| RACE/ETHNICITY/                     | TRIBAL AFFILIATION:  |
| CITY:                               | STATE:   CELL PHONE NUMBER:  |
|                                     | lividual:  |
|                                     | ationship:   |
| Description & deta                  | ails of last interaction (ex. In person, over the phone, etc.):                                |
| Description of Car                  | :/Vehicle:   |
| Criminal History:                   |  |
|                                     | lency:   |
| Check Box if, YES:                  |  |
| ☐ Are they in cu                    | stody? Where:  |
| ☐ Does this pers                    | on have a history of violence?   |
|                                     | n avoidant of inquiry?   |
| ☐ Is there an inc                   | consistency in stories shared?   |
| ☐ Have they bee                     | n cooperative? (tip box with explanation of suspicions: unmatched stories, lies, etc.)         |
| ☐ Is there a history Violence, Coen | ory of violence with the victim? (e.g. Domestic Violence, Sexual Violence, Dating rcion, etc.) |
| LINKS TO INDIVIDUA                  | L'S SOCIAL MEDIA:  |
| Face Book:                          |  |
| Instagram:                          |  |
| Other:                              |  |
| * Additional notes and              |  |

#### KNOWN SUSPECTS CONFIRMED BY LAW ENFORCEMENT:

[\*SAFETY DISCLOSURE: For the safety of family and relatives, it is important to assess risk factors that may affect your safety when inquiring with people of interest. If family does want to inquire with individuals, it is strongly encouraged you meet in a public place, over the phone, or with multiple individuals as safety-net]

| NAME:  | AGE                | :  |
|--|--------------------|--|
| RACE/ETHNICITY/TRIBAL                              | AFFILIATION        | :  |
| CITY:  | STATE:             | CELL PHONE NUMBER:   |
| Description of Individual:                         |                    |  |
| Description of Relationsh                          | ip:                |  |
| Description & details of la                        | st interaction (e  | x. In person, over the phone, etc.):                           |
| Description of Car/Vehicle                         | j:                 |  |
| Criminal History:                                  |                    |  |
| Substance Dependency:                              |                    |  |
| Check Box if, YES:                                 |                    |  |
| ☐ Are they in custody? V                           | Vhere:             |  |
| ☐ Does this person have                            | a history of viol  | ence?  |
| ☐ Have they been avoid                             | ant of inquiry?    |  |
| ☐ Is there an inconsiste                           | ncy in stories sha | ared?  |
| ☐ Have they been coope                             | rative? (tip box v | with explanation of suspicions: unmatched stories, lies, etc.) |
| Is there a history of vi<br>Violence, Coercion, et |                    | victim? (e.g. Domestic Violence, Sexual Violence, Dating       |
| LINKS TO INDIVIDUAL'S SOC                          | IAL MEDIA:         |  |
| Face Book:   |                    |  |
| Instagram:   |                    |  |
| Other:   |                    |  |
| * Additional notes and details:                    |                    |  |

\*Enter all contacts with LE and other professionals on the Communications Log. Please document any issues (e.g. racism, dismissal, etc.) experienced. Record all calls if possible: go in a quiet room or space, place call on speaker and have a relative voice record discussion.

#### **LAW ENFORCEMENT CONTACT (County Police, State Police, Tribal Police):**

| CONTACT NAME:                 |               |        | State: _        | Department:            |  |
|-------------------------------|---------------|--------|-----------------|------------------------|--|
| POLICE REPORT NUMBER:         |               | DATE:  |                 | MISSING PERSON NUMBER: |  |
| PHONE NUMBER:                 | EMAIL:        |        |                 |                        |  |
| CONTACT NAME:                 |               |        | State: _        | Department:            |  |
| POLICE REPORT NUMBER:         |               | DATE:  |                 | MISSING PERSON NUMBER: |  |
| PHONE NUMBER:                 | EMAIL:        |        |                 |                        |  |
| TRIBAL LAW ENFORCEMENT CONTAC | <u>CT(S):</u> |        |                 |                        |  |
| CONTACT NAME:                 |               |        | Tribe:          | Department:            |  |
| POLICE REPORT NUMBER:         |               | DATE:  |                 | MISSING PERSON NUMBER: |  |
| PHONE NUMBER:                 | EMAIL:        |        |                 |                        |  |
| FBI CONTACT(S)                |               |        |                 |                        |  |
| CONTACT NAME:                 |               |        | Field Office:   |                        |  |
| PHONE NUMBER:                 | _   EMAIL:    |        |                 |                        |  |
| VICTIM ADVOCATE(S)            |               |        |                 |                        |  |
| VICTIM SPECIALIST NAME        |               |        | Field Office:   |                        |  |
| PHONE NUMBER:                 | EMAIL:        |        |                 |                        |  |
| OTHER ADVOCATES (Volunteers,  | MMIP Orga     | nizers | , Commun        | ity Members)           |  |
| ADVOCATE NAME                 |               |        | Agencies        | s, Coalitions or Group |  |
| PHONE NUMBER:                 | EMAIL:        |        |                 |                        |  |
| OTHER ADVOCATES (Volunteers,  | MMIP Orga     | nizers | <u>, Commun</u> | ity Members)           |  |
| ADVOCATE NAME                 |               |        | Agencies        | s, Coalitions or Group |  |
| PHONE NUMBER:                 | EMAIL:        |        |                 |                        |  |

## 5 ddYbX]I '8 'Ë'GcW]U'A YX]U'UbX'A YX]U'F Y`Uh]cbg'H]dg'

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#### Appendix E – AMBER Alert Information

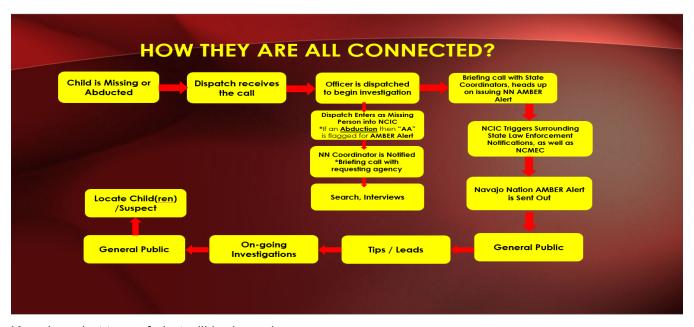
America's Missing: Broadcast Emergency Response (AMBER) alerts are issued when there is concern that a child has been abducted. In order to qualify for an AMBER alert on Navajo Nation:

# NAVAJO NATION AMBER ALERT CRITERIA

- Child is not a runaway, and has not been abducted as a result of a child custody dispute, unless the dispute poses a credible and or specific threat of serious bodily harm or death to the child.
- The abduction poses a credible threat of serious bodily injury or death to the child.
- An abduction of a child (under 18) has occurred.
- There is sufficient descriptive information about the child, abductor and the circumstances surrounding the abduction to indicate that the activation of the AMBER Alert will locate /or suspect.
- There is information available to disseminate to the general public, which could assist in a safe recovery of child and/or the apprehension of a suspect.

If the incident does not meet the criteria for issuing and AMBER alert...

- If the reviewing personnel insists on proceeding with the activation, please inform them that the
  Department of Emergency Management strongly discourages activation because facts: as
  presented, surrounding this incident do not support the foregoing criteria as established by
  Navajo Nation.
- A Missing Endangered Person Advisory (MEPA) can be issued through local media.

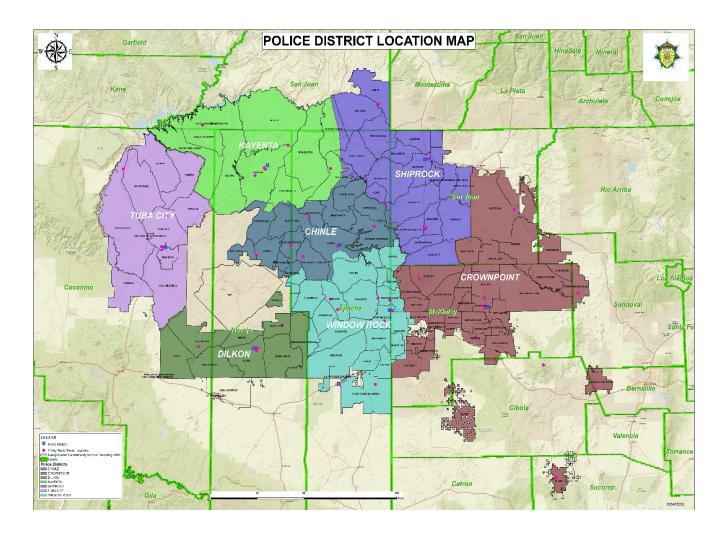


Knowing what type of alert will be issued:

- AMBER: Abducted Children
- SILVER: Missing elderly person with medical or mental health conditions
- MEPA: Missing Endangered Persons Advisory, which can be issued if a case doesn't fit the criteria for an AMBER alert

To receive alerts from Navajo Nation, visit <a href="www.alertnn.com">www.alertnn.com</a> or text "navajonation" to 888777

#### **Appendix F – Jurisdiction Maps**



See Navajo MMDR Website for Tribal and Boarder Town Jurisdictional Contact information: https://www.navajommdr.org

Chapter Houses Websites and contact can be found at: <a href="https://www.navajo-nsn.gov/chapters.htm">https://www.navajo-nsn.gov/chapters.htm</a>

### **Appendix G – Recommended Donations for Search Parties**

- Food/Water
- Ready-To-Eat snack packs
- Eating utensils, plates/bowls, cups, and napkins
- Gatorade
- Sunscreen
- Bug repellent
- Flag markers to aid with searched areas
- Flashlights
- First aid kit
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#### Appendix H - What to do if you find your loved one

Finding your loved one is an emotional time, as well as to make sure law enforcement and anyone else helping in the search is informed. During this process, make sure to take care of yourself and to provide support to others on your search team, if possible.

If you find your loved one...

- Check if they need medical attention. If you have a first aid kit with you, you can provide basic medical attention. If injuries are serious, call 911 or take your loved one to the hospital if you are able to safely move them. If on Navajo Nation, please utilize this contact list for emergency numbers.
- Contact law enforcement to inform them the person has been found. This is especially important if the police are also searching.
- Inform the others in your search party that the person has been found. (Add something about walkie talkies/ 2-way radios)
- Even if they are not injured, make sure they have access to water and light snacks as soon as possible. If they have not had food or water in a while, it is important to pace it out so they do not get sick.
- Depending on weather, try to bring weather appropriate items. For example, blankets in the winter or an umbrella in the summer to provide shade.
- If our loved one left on bad terms, you may need to prepare if they have an emotional response

If you find your loved one, but they are deceased:

- Do not touch their body unless you are unsure if they are deceased. If you need to check, have one medically trained person take their pulse. This is important because if foul play was involved, law enforcement will need to be able to collect evidence.
- Do not disturb the area around their body. This is so that evidence will not be disturbed when law enforcement needs to investigate.
- Call law enforcement and inform them of the situation. Inform them of the location, do not try to move your loved ones body.
- Inform the others in your search party, and do not be afraid to seek support from them.
- This process will bring up a lot of emotions. It is important to have a support network during this time. This may include staying with friends or family for a few nights if possible. This way you'll have support and be able to provide support to others affected by this.

#### Appendix I - Criminal Investigations

- "A Criminal Investigator (CI) will become involved upon notification by police officer, when the officer determines that a person has gone missing under suspicious circumstances."
  - Police have discretion to call for a criminal investigator, depending on if there are suspicious circumstances, such as a fight in the home
  - Criminal investigators don't usually get involved from the beginning unless there are suspicious circumstances
  - For example, if someone with dementia goes missing the fire department may be contacted, but not CI since it is not necessarily a suspicious circumstance
  - May be able to access phones, if possible, provide the phone number for the missing person and the carrier of the phone. There are some issues with Cellular One
  - Pinging cell phones can be helpful, but because there are few towers on the reservation it will only give general directions
- "The CI will focus on investigating the suspicious circumstances so the reporting person, residents, and community volunteers should expect to be interviewed by the CI. The interviews may take several hours depending on the number and availability of individuals to be interviewed. Individuals being interviewed should always tell the truth and tell the whole story. Deceptions and withholding information will only prolong the investigation process. Time is critical under these circumstances so community members should give their fullest cooperation in the investigation process."
  - Add section to the toolkit to compile notes- Encourage family to be open, honest and write everything down! Families may not remember everything in the moment due to trauma response but writing things down can help to keep consistent and get the whole story
  - Best practice is to be honest, even if the questions are uncomfortable or embarrassing
  - Just want to understand the situation, not to make the families uncomfortable.
     Questions will likely be straightforward, but the ultimate goal is to find the missing person
  - Will a victim advocate be present? Law enforcement may provide a victim advocate in subsequent interviews if needed. Family or friends may be able to come with the family member to the interview, but it is up to discretion- usually allowed though
- "Community volunteers should also go into these operations with the understanding that
  there is a potential to be called as a witness and provide testimony as to their
  involvement in a court of law and that everything they generate in the process are
  subject to be used in a court of law (e.g., contact log, communication log, etc.) and the
  inscriptions should be as legible as possible."
  - Add to communication log!!!
  - Ensure the families understand that they may need to use their notes and such in court, to make sure everything is factual, accurate, and legible
  - Volunteer communication log
  - Can victims record their own testimony? Usually not, but the officer will record the interview