



Ontario  
Provincial  
Police

## Lost or Missing Person(s) Questionnaire

### Key Terms

- Lost person: the whereabouts of person(s) may be in a known/defined geographic area (e.g. hunter, hiker, berry picker, Alzheimer sufferer, suicidal person, child, etc.) (ref. Police Orders, Chapter 2, Missing Person policy)
- Missing person: the location of the person(s) is not known (e.g. a child left home for school and never arrived at her destination, while evidence confirms her leaving her parental home) (ref. Police Orders, Chapter 2, Missing Person policy)

**Note:** The ER035 - Lost or Missing Person(s) Questionnaire shall be completed in person, if possible, immediately upon receipt of call

### Part One - Initial Response and Information

#### Search Urgency Determined

ER036 completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date ER036 completed (yyyy/mm/dd)	Time ER036 completed (24hr)	Urgency score (ER036) (1-3)	Ground search requested? <input type="checkbox"/> Yes <input type="checkbox"/> No
ER036 completed by (last name)		ER036 completed by (first name)		Badge number
Name of Supervisor notified (last name)		Name of Supervisor notified (first name)		Badge number
ERT request made by (if applicable; last name)		ERT request made by (if applicable; first name)		Badge number
ERT request made to (if applicable; last name)	ERT request made to (if applicable; first name)	Badge number		Request date (yyyy/mm/dd)
Area Crime Sergeant (Missing Persons) Last name		First name		Badge number

#### Accepting Report/Dispatch Details

Date started (yyyy/mm/dd)	Time started (24hr)	Date completed (yyyy/mm/dd)	Time completed (24hr)
Assigned Investigating Officer Last name			Badge number
First name			

#### Source(s) of Information

Method(s) information collected/provided (i.e. in-person)		Foul play suspected? (If "Yes", notify CIB immediately) <input type="checkbox"/> Yes <input type="checkbox"/> No
Complainant's last name	Complainant's first name	Date of birth (yyyy/mm/dd)

#### Complainant's address

Unit number	Street number	Street name	
City/Town/Village		Province	Postal code
Relationship to Subject	Telephone number	Email address(es)	

What Complainant believes to have occurred (follow up with formal interview)

**Action(s) Taken Thus Far**

By family/friends (include last and first names)

Results (independent investigation)

By others (include last and first names)

Results (independent investigation)

Comments

**Lost or Missing Person's (Subject) Detail** (If child [12 years and under], in addition complete the Child Details section)

Last name	First name
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Alias(es) (if applicable)	Gender	Date of birth (yyyy/mm/dd)
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Marital status	Birthplace (e.g. city, country, etc.)	Nationality	Languages spoken
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**Home address of Subject**

Unit number	Street number	Street name
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City/Town/Village	Province	Postal code
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Home telephone	Cellular phone number	Work telephone	Occupation	Place of employment
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**Current place of employment address**

Unit number	Street number	Street name
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City/Town/Village	Province	Postal code
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**1. Other frequenting addresses**

Unit number	Street number	Street name
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City/Town/Village	Province	Postal code
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**2. Other frequenting addresses**

Unit number	Street number	Street name
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City/Town/Village	Province	Postal code
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**Family Relations** May consider completing the **InterRAI Brief Mental Health Screener (BMHS)** - Attached: ☐ Yes ☐ No**1. Next of kin**

Last name	First name	Telephone number	Relationship to Subject
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Unit number	Street number	Street name
City/Town/Village		Province
		Postal code

Significant family problems (e.g. divorce, separation, etc.)

Comments

**Child Details (if applicable)** May consider completing the InterRAI Brief Mental Health Screener (BMHS) - Attached: ☐ Yes ☐ No

Personality (e.g. active, lethargic, antisocial, etc.)	Home range or safety zone (description of area or closest intersection)	Tracking device equipped?  <input type="checkbox"/> Yes <input type="checkbox"/> No
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Cries often? <input type="checkbox"/> Yes <input type="checkbox"/> No	Wilderness/Outdoor training (refer to Part 2 to record additional details) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Some, explain	Is the child drawn to water? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Behavioural triggers	Fears (e.g. the dark, small spaces, etc.)	Feelings towards adults (e.g. trust easily, anxious, etc.)
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Feelings towards strangers (e.g. knows risk, talkative to all people, etc.)	Reactions when hurt (e.g. scream, hide, run for help, etc.)
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Safe and/or Code words used regularly (number the safe/code words to correspond to individuals listed below)

Individual(s) who know safe/code word(s) (last name, first name)	Relationship to Subject	Telephone number	Contacted?
1.			<input type="checkbox"/> Yes <input type="checkbox"/> No
2.			<input type="checkbox"/> Yes <input type="checkbox"/> No
3.			<input type="checkbox"/> Yes <input type="checkbox"/> No

Names of school friends (last name, first name)	Telephone number	Contacted?
1.		<input type="checkbox"/> Yes <input type="checkbox"/> No
2.		<input type="checkbox"/> Yes <input type="checkbox"/> No
3.		<input type="checkbox"/> Yes <input type="checkbox"/> No

Comments

### Affiliations or Memberships (Influences)

Name of group	Type of group (e.g. school, recreational, religious, etc.)
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#### Address associated with group

Unit number	Street number	Street name
City/Town/Village		Province
		Postal code
Duration of membership	Role within group (e.g. leader, organizer, etc.)	Issues with group dynamics (if applicable; i.e. personality clashes)

Individual responsible for group (last name)	Individual responsible for group (first name)	Title within group	Telephone number
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**Address of individual responsible for group**

Unit number	Street number	Street name
City/Town/Village		Province
		Postal code

**Other leader(s) associated with group**

Last name	First name	Telephone number
1.		
Last name	First name	Telephone number
2.		

**Internet/Social networking websites associated with groups (e.g. blogs, class pages, etc.)**

1.	2.
3.	4.

Comments (other influences of Subject)

**Physical Description**

Height <input type="checkbox"/> cm <input type="checkbox"/> feet	Weight <input type="checkbox"/> kg <input type="checkbox"/> lbs	Age <input type="checkbox"/> years <input type="checkbox"/> months	Build (e.g. athletic, slim, etc.)
Hair colour (e.g. brown, red, etc.)	Hair length (e.g. shoulder length, buzz cut, etc.)	Hairstyle (e.g. curly, wavy, etc.)	Facial hair style <input type="checkbox"/> Beard <input type="checkbox"/> Goatee <input type="checkbox"/> Moustache <input type="checkbox"/> Sideburns
Facial hair description (e.g. colour, shape, etc.)	Eye colour	Wears prescription glasses? <input type="checkbox"/> Yes <input type="checkbox"/> No	Wears prescription contact lenses? <input type="checkbox"/> Yes <input type="checkbox"/> No
Face shape (e.g. oval, round, etc.)	Complexion (e.g. clear, freckles, etc.)	Noted facial features	
Overall appearance description (e.g. clean, dirty, etc.)	Photo available? (incl. date on photo) <input type="checkbox"/> Yes (attached) <input type="checkbox"/> No	Photo obtained from (last name)	Photo obtained From (first name)

Distinguishing marks, surgical marks/scars, piercings or tattoos (include location on body, colour, size, etc.)

Style/Habits of speech (e.g. repeated words, stutter, distinguishing words or accent, etc.)	Comments
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**Clothing and Personal Item(s) of Subject**

	Style	Colour	Size	Sample secured?	Location Kept
Shirt/sweater				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Pants				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Outerwear (e.g. coat)				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Innerwear (e.g. undergarments)				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Head attire (e.g. hat)				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Rain/Winter wear (e.g. umbrella)				<input type="checkbox"/> Yes <input type="checkbox"/> No	



Glasses				<input type="checkbox"/> Yes <input type="checkbox"/> No
Other pieces of clothing				<input type="checkbox"/> Yes <input type="checkbox"/> No
Footwear sample obtained? <input type="checkbox"/> Yes <input type="checkbox"/> No	Sole/Tread style			<input type="checkbox"/> Yes <input type="checkbox"/> No

Subject overall colouration/description, as seen from the air

Driver's licence (province and number)	Health card number (province and number)
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Debit card(s) (include number and bank)

Credit card(s) (include number, company and type)

Money (include amount, type, and currency)	Passport (include country of origin)
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Cellular phone service provider (number)	Cellular phone type/description (include style and manufacturer)	Luggage/bags (e.g. quantity, style, etc.)
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Personal electronic devices (e.g. computer, laptop, tablet, etc.)

Comments

Areas searched for the above mentioned articles

General location (i.e. address or home residence)	Date (yyyy/mm/dd)	Time (24 Hour)	Search conducted by (name and badge number)	Relationship to Subject

### Firearm(s) Information (attach any additional documentation if required)

Competency with firearms (e.g. very, somewhat, limited etc.)	Firearms licence (PAL) owned? <input type="checkbox"/> No <input type="checkbox"/> Yes (incl. PAL number) ►
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Firearms owned (e.g. make, serial numbers, calibre, etc.) 1.	Location stored
Firearms owned (e.g. make, serial numbers, calibre, etc.) 2.	Location stored

Ammunition carried/owned (if applicable; include type, quantity and if on Subject at time of disappearance)	Are all firearms/associated items accounted for? <input type="checkbox"/> Yes <input type="checkbox"/> No
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	If "No", then list all missing items below
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Unaccounted for firearm: (include size, caliber, style, manufacturer, serial/registration number, and if with Subject at time of disappearance)	Unaccounted ammunition (if applicable; include type, quantity and if with Subject at time of disappearance)
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Unaccounted for firearm: (include size, caliber, style, manufacturer, serial/registration number, and if with Subject at time of disappearance)	Unaccounted ammunition (if applicable; include type, quantity and if with Subject at time of disappearance)
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**Health Condition** May consider completing the InterRAI Brief Mental Health Screener (BMHS) - Attached ☐ Yes ☐ No

Overall health (e.g. good, poor, etc.)	Known medical problems	Overall physical condition	Known allergies
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Known physiological problems	Disabilities/Special considerations	Health appliances required
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Experiences with depression? <input type="checkbox"/> Yes <input type="checkbox"/> No	Experiences with Alzheimer's/Dementia? <input type="checkbox"/> Yes <input type="checkbox"/> No	Mental health risk? <input type="checkbox"/> Yes <input type="checkbox"/> No	Other relevant mental health issues (past or present)
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Family doctor last name	Family doctor first name	Telephone number
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Other relevant contact name (e.g. nurse, caregiver, etc.) Last Name	First Name	Relationship to Subject	Telephone number
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Medication(s)	Accounted for <input type="checkbox"/> Yes <input type="checkbox"/> No	Dosage(s)/Frequency	Last dosage taken (yyyy/mm/dd)	Time last dosage taken (24hr)
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Medication(s)	Accounted for <input type="checkbox"/> Yes <input type="checkbox"/> No	Dosage(s)/Frequency	Last dosage taken (yyyy/mm/dd)	Time last dosage taken (24hr)
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Measure of eyesight without glasses (e.g. nearsighted, farsighted, etc.)	Spare set of glasses/contacts? (if "Yes", include location) <input type="checkbox"/> No <input type="checkbox"/> Yes ►
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Hearing impairment	Assistive device used? (if "Yes", include type of device and location) <input type="checkbox"/> No <input type="checkbox"/> Yes ►
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Speech impediment	Assistive device used? (if "Yes", include type of device and location) <input type="checkbox"/> No <input type="checkbox"/> Yes ►
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Comments (e.g. undocumented medical ailments/issues, etc.)
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**Location Last Seen Details**

Unit number	Street number	Street name
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City/Town/Village	Province	Postal code
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Video surveillance collected? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Last seen by/witness last name	Last seen by/witness first name	Telephone number
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Witness interviewed? (is required) <input type="checkbox"/> Yes <input type="checkbox"/> No	Comments provided by witness
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Witness details provided <input type="checkbox"/> In person <input type="checkbox"/> By telephone <input type="checkbox"/> Other ►	Confirmed by last name	Confirmed by first name	Badge number (If applicable)
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Name of whomever spoke to the Subject last Last name	First name	Individual interviewed? (is required) <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of interaction (yyyy/mm/dd)	Time of interaction (24hr)
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Subject matter of interaction

Weather at time last seen/interaction	Weather since interaction
Direction last seen going in (e.g. physical direction, which door exit, etc.)	Reason for leaving (e.g. agitated, had plans, no reason given, etc.)
Attitude/Emotional state of Subject (e.g. confident, depressed, confused, etc.)	Subject complaining of anything?
Subject appearance (e.g. tired, lethargic, cold, angry, etc.)	Alternate plans/routes/objectives discussed (include when plans were made, and with whom)
Comments (e.g. was interacting with someone else, travelling by car, etc.)	

### Habits and Personality Traits

Smoker? <input type="checkbox"/> Yes <input type="checkbox"/> No	Frequency	Type(s) (e.g. cigarettes, cigars, etc.)	Brand(s)
Drinks alcohol? <input type="checkbox"/> Yes <input type="checkbox"/> No	Frequency	Type(s) (e.g. wine, beer, etc.)	Brand(s)
Uses recreational drugs? <input type="checkbox"/> Yes <input type="checkbox"/> No	Frequency	Type(s)	Last used (yyyy/mm/dd)
Other (e.g. gum, candy, specify type/brand, etc.)		Hobbies and interests	

Locations frequented/likely locations Subject may go

Method of accessing internet (e.g. laptop, cellular phone, etc.)	Location internet accessed (if applicable)
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Email address(es)

1.	2.
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Frequented websites/social networking (including user name/screen name and passwords if possible)

1.	2.
3.	4.

Personality (e.g. outgoing, quiet, etc.)	Leadership qualities? <input type="checkbox"/> Yes <input type="checkbox"/> No	Gives up easily? <input type="checkbox"/> Yes <input type="checkbox"/> No	Accepts rides easily? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Financial problems (e.g. bankruptcy, divorce, etc.)	Criminal/Legal problems (e.g. recent charges, lawsuits, etc.)
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Personal problems (e.g. break ups, personal loss, etc.)	Cultural/Religious values (e.g. religious, cultural, etc.)	Recent/abrupt changes in beliefs/values? (if "Yes", provide details) <input type="checkbox"/> No <input type="checkbox"/> Yes ►
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Name of closest friend	Telephone number(s)	
Last name	First name	

Name of closest family member	Relationship to Subject	Telephone number(s)
Last name	First name	

Currently in school? <input type="checkbox"/> Yes <input type="checkbox"/> No	Secondary and post-secondary educational achievements (i.e. certificate/diploma and date received)
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Comments (e.g. favourite teacher, pastor, confidant, mentor, or additional social media information, etc.)

**Modes of Personal Travel**

Travelling by foot? <input type="checkbox"/> Yes <input type="checkbox"/> No	Travelling by bicycle? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", description of bicycle	Travelling by motor vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No
Primary vehicle description			
Make	Model	Colour	License plate number
Secondary vehicle description			
Make	Model	Colour	License plate number
Modes of personal travel missing? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", list (e.g. boat, A.T.V., etc)		Date missing (yyyy/mm/dd)
Contacted transit company? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", list company name, type and results		Date contacted (yyyy/mm/dd)
Contacted secondary transit company? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", list company name, type and results		Date contacted (yyyy/mm/dd)
Comments (e.g. description of missing modes of transportation)			

**Trip Plans**

Date of trip (yyyy/mm/dd)	Destination of trip (e.g. location, resort name, etc.)		Length of stay
Anticipated return date (yyyy/mm/dd)	Travelled by (e.g. car, plane, etc.)	Time left for trip (24hr)	Group size
Vehicle description (e.g. make/type, year/size, etc.)		Transportation company (if applicable)	
Vehicle verified? <input type="checkbox"/> Yes <input type="checkbox"/> No	Verified by (last name)	Verified by (first name)	Badge number (if applicable)
Purpose of trip			

Route of trip	Travelled here before? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Travelled with (list members of party and contact numbers)		
Last name 1.	First name	Telephone number
Last name 2.	First name	Telephone number
Last name 3.	First name	Telephone number

Alternate plans, routes or objectives discussed (incl. when and with whom)

Comments



**Individual(s) With Whom Subject Would Make Contact**

Name (last name)		Name (first name)		Relationship to Subject
1.				
Unit number	Street number	Street name		
City/Town/Village		Province	Postal code	
Cellular phone number	Telephone number	Email address(es)	Someone usually home? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name (last name)		Name (first name)		Relationship to Subject
2.				
Unit number	Street number	Street name		
City/Town/Village		Province	Postal code	
Cellular phone number	Telephone number	Email address(es)	Someone usually home? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**Additional Sources of Information for Part 1 (if applicable)**

Sources (last name, first name)	Relationship to Subject	Section/Information provided	Method information obtained (i.e. in person)	Date obtained (yyyy/mm/dd)

**Distribution and Notifications**

Please scan original into Niche RMS, provide a copy to the Investigation Officer/ERT Coordinator and file the original at your SAR (Search and Rescue) file location/work location. Completed ER035 are to be stored locally for 2 years + current. Notifications of a completed ER035 shall be made to the following individuals/area:

- 1) Area Crime Sergeant
- 2) Major Case Management (MCM) File Coordinator (if applicable)
- 3) Missing Persons Unidentified Body (MPUB) (if applicable)
- 4) Provincial Anti-Terrorism and Hate Crime/Extremism Section (PATs) (if applicable)

## Part Two - Additional Information About Subject

### Experience/Training

General experience with outdoors (e.g. very familiar, somewhat familiar, no experience, etc.)	Overnight experience (e.g. very familiar, somewhat familiar, no experience, etc.)	
How recent is the experience? (e.g. weeks, months, years etc.)	Familiarity with the area last seen (e.g. limited, moderate, etc.)	
Familiar with surrounding areas? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", specify location(s)	
Formal outdoor training? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", specify type/kind of training, when, and where completed	
Medical training? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", specify type/kind of training, when, and where completed	
Scout/Guide training? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", specify type/kind of training, when, where and rank achieved	
Military training? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", specify type/kind of training, when, where and rank achieved	
Climbing training? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", specify type of training/certification (if applicable), when and where completed	
Swimming training? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", specify certification (if applicable), when and where completed	
Hiking experience? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", list how fast Subject hikes and skillset	If applicable, specify location(s)/trail(s) frequented (e.g. experienced, avid, leisurely, etc.)
Subject been lost before? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", include where and when	
Subject goes out alone frequently? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", include place(s) where frequented	
Other athletic interests	Comments	

### Equipment Carried

	Style	Size	Colour	Brand
Pack/Backpack				
Tent				
Sleeping bag/ bedding				
Ground cloth/tarp				
Fishing equipment				
Climbing equipment				
Stove				
Camera and lens				
Other				
Fluid amount and container	Kind of fluid (i.e. water)			



Fire starter (If "Yes", include brand and size) <input type="checkbox"/> No <input type="checkbox"/> Yes ►		Light source (If "Yes", include brand and size) <input type="checkbox"/> No <input type="checkbox"/> Yes ►	
Fuel (If "Yes", include amount and type) <input type="checkbox"/> No <input type="checkbox"/> Yes ►		Compass (If "Yes", include size, manufacturer and colour) <input type="checkbox"/> No <input type="checkbox"/> Yes ►	
Knife (If "Yes", include size, style and any distinguishable markings) <input type="checkbox"/> No <input type="checkbox"/> Yes ►		Food (If "Yes", include types and packaging) <input type="checkbox"/> No <input type="checkbox"/> Yes ►	
Map (If "Yes", include size and area) <input type="checkbox"/> No <input type="checkbox"/> Yes ►		Competency with map reading (e.g. very, somewhat, etc.)	
GPS (If "Yes", include manufacturer, size, colour and style) <input type="checkbox"/> No <input type="checkbox"/> Yes ►		Radio (If "Yes", include manufacturer, style, and most used frequency) <input type="checkbox"/> No <input type="checkbox"/> Yes ►	
Skis (If "Yes", include manufacturer, size and any distinguishable markings) <input type="checkbox"/> No <input type="checkbox"/> Yes ►		Competency with skiing (e.g. very, somewhat, etc.)	
Snowshoes (If "Yes", include make, size, and any distinguishable markings) <input type="checkbox"/> No <input type="checkbox"/> Yes ►		Competency with snowshoeing (e.g. very, somewhat, etc.)	
Personal Locator Beacon (PLB) (i.e. SPOT) attached? (If "Yes", include size, manufacturer and signal) <input type="checkbox"/> No <input type="checkbox"/> Yes ►		If applicable: has the Emergency Notification been sent? (If "Yes", include date received) <input type="checkbox"/> No <input type="checkbox"/> Yes ►	
If Subject does have PLB, list name who receives it's Emergency Notification		Relationship to Subject	Telephone number
Last name or Company Title		First name	
Comments		Other documents (include types, subject matter, etc.)	

#### Additional Sources of Information for Part 2 (if applicable)

Sources (last name, first name)	Relationship to Subject	Section/Information provided	Method information obtained (i.e. in person)	Date obtained (yyyy/mm/dd)

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#### Other Pertinent Information (List attached hardcopy documents as required)

1.

#### Recent Photographs

Description	File name

**Exhibit: National Inquiry into Missing and  
Murdered Indigenous Women and Girls**

Location/Phase: Part 2 Regins

Witness: Mark Pritchard

Submitted by: Julian Roy

Add'l info: PO2PO2ROY01

Date: JUN 28 2018

Initials

I/D

Entered

63

129