

FAX

Attention:

BAR OFFICER.

Fax number:

532 5930

From:

KIBBLE SCHOOL (CLYDE UNIT)

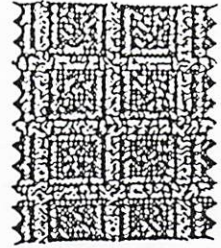
Date:

25/4/2000.

Number of pages:
(including this one)

5

Additional comments:



KIBBLE

GOUDIE STREET
PAISLEY PA3 2LG
SCOTLAND
TEL: 0141-889 0044
FAX: 0141-8876694
EMAIL: KIBBLE@gqm.co.uk

Kibble Education and Care Centre

Registered Office
9 ORR SQUARE
Paisley PA3 2DL





STRATHCLYDE POLICE

PERSON: * MISSING * ABSCONDED
- * FOUND - * WANTED

Division

Station M.W. STDate 25/4/00

DETAILS

DIV. REF. NO.: PNC WM NO.:

SURNAME: McDONALD MAIDEN NAME:FORENAMES: KEVIN

ALIAS:

AGE: 14 D.O.B.: 9/4/86 PLACE OF BIRTH: GREENOCKCOLOUR: WHITE NATIONALITY: BRITISHSCHOOL / PLACE OF WORK: KIBBLE EDUCATION AND CARE CENTREPHONE NO.: 889 0044OCCUPATION: SCHOOL BOYHOME ADDRESS: 8 FERGUS DRIVE FANCY FARMGREENOCK PHONE NO.: 01475 793682ADDRESS MISSING FROM: KIBBLE SCHOOLPLACE LAST SEEN: KIBBLE SCHOOLBY WHOM (RELATIVE): M McDONALD (STAFF)DAY: TUESDAY DATE: 25.4/00 TIME: 3.50PM

WARNING SIGNALS:

SCRO NO.: CRO NO.:

DESCRIPTION: HEIGHT: 5.10 BUILD: SLIMHAIR: BROWN EYES: BROWNCOMPLEXION: FAIR MARKS / SCARS: NILDRESS: GREY TOP (CREAM SWEATSHIRT)BLACK BOTTOMS. WHITE TRAINERS.POSSESSIONS: MONEY: NIL

BANK / BUILDING SOC. BRANCH & ACC NO'S:

VALUABLES:

DETAILS CONTINUED

VEHICLE: MAKE: MODEL:
COLOUR: REG. NO.:

PREVIOUSLY MISSING: YES YES NO NO

WHERE LOCATED: (dates): HOME AREA

PLACES FREQUENTED: GREENOCK, COCHRAN PORT GLASSON

FAMILY / FRIENDS: NAME ADDRESS TEL. NO.

LEE FRAZER 34 ABBOTSFORD ST
BAINSFORK FALKIRK

OUTSIDE AGENCIES: SOCIAL WORKER: HARRY SCOTT PHONE: 01475 914900
PORT GLASSON

SOCIAL SECURITY OFFICE:

NATIONAL SECURITY NO.:

FAMILY DOCTOR:

CHECKLIST: HOSPITAL:

RAILWAY STATION:

BUS STATION:

TAXI FIRMS:

HOMELESS UNIT:

WOMEN'S AID:

REPORTER:

CID INVOLVED: YES / NO CID O.I.C.:

REPORTED BY: N. DODD RELATIONSHIP: STAFF

ADDRESS: KIBBLE SCHOOL TEL No: 8890044

DAY: TUESDAY DATE: 25/4/00 TIME: 5.20PM

DETAILS CONTINUED**REPORTED TO:**

NAME: DATE: TIME:

DIV. NO: RANK:

DAY:..... STATION:.....

INITIAL HOME VISIT: DAY:..... DATE:..... TIME:.....hrs.

(OUTBUILDING) NAME: _____ RANK: _____ DIV. NO.: _____

CENTRAL UNIT: DAY:..... DATE:..... TIME:.....

NAME: _____ RANK: _____ DIV. NO.: _____

SUPERVISORY OFFICER'S SIGNATURE & RANK:

SUB DIVISIONAL OFFICER'S SIGNATURE: _____

SENIOR DETECTIVE OFFICER'S SIGNATURE: _____

[illegible]

