

**TEXAS DEPARTMENT OF PUBLIC SAFETY  
MISSING PERSONS CLEARINGHOUSE REPORT FORM**

**BE VERY SPECIFIC AND COMPLETE:**Name of Missing Person Carey Mae Parker Alias/Nickname \_\_\_\_\_Date of Birth 05-12-67 Age 45 Drivers License Number \_\_\_\_\_ Social Security Number \_\_\_\_\_Race W Sex F Height 5'10 Weight 120 Eye Color Blue Hair Color Brown Build Slender~~Slender~~ Unique Characteristics (Scars, Limp, Tattoo, Jewelry, Glasses, Etc.) Glasses sometimesindentation on one leg from being pinned in between house & a truck in 1983/82Dental Records Available? Yes \_\_\_\_\_ No \_\_\_\_\_ Medical Records Available? Yes ☒ No \_\_\_\_\_ Fingerprints Available? Yes \_\_\_\_\_ No \_\_\_\_\_Blood Type \_\_\_\_\_ Medical Problems? Yes \_\_\_\_\_ No ☒ Type of Problem \_\_\_\_\_

Prescription \_\_\_\_\_

Mental State (Depressed, Suicidal, etc.) NoLocation Last Seen: City Quinlan State TX County Hunt Zip 75474Date/Time Last Seen March 1991 Possible Destination (City, State) \_\_\_\_\_

Last Seen Wearing \_\_\_\_\_

Hobbies &amp; Interests \_\_\_\_\_

Associations & Hangouts She worked the night shift at Flanders-Precisionaire 100 FM 148Terrell, Texas 75160Vehicle Year 1981 Make Buick Model SKylark Color Grey License Number & State \_\_\_\_\_

Other Identifying Characteristics of Vehicle \_\_\_\_\_

IF APPLICABLE: In Company With \_\_\_\_\_ Alias/Nickname \_\_\_\_\_

Relationship: Noncustodial Parent \_\_\_\_\_ Relative \_\_\_\_\_ Abductor \_\_\_\_\_ Friend \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone Number \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Drivers License Number \_\_\_\_\_ Social Security Number \_\_\_\_\_

Race \_\_\_\_\_ Sex \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Eye Color \_\_\_\_\_ Hair Color \_\_\_\_\_ Build \_\_\_\_\_

Unique Characteristics (Scars, Limp, Tattoos, Jewelry, Glasses, Etc.) \_\_\_\_\_

Vehicle Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_ License Number &amp; State \_\_\_\_\_

Other Identifying Characteristics of Vehicle \_\_\_\_\_

Include any additional information regarding the missing person not addressed elsewhere on this form (use additional sheets if necessary)

Medical records for bone fractures may be located at Methodist Hospital on Colorado St. in Dallas. She was injured and taken there in 1983. Not sure if they would still have them. Could have been in 1982, but it was one of those years.

IF AVAILABLE, PLEASE ENCLOSE A CURRENT, WALLET SIZE PHOTOGRAPH

Parent/Spouse/Guardian Name \_\_\_\_\_ Phone Number (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Local Agency Handling Case Hunt County Sheriff City Greenville State TX

Agency Address 2801 Stuart St. Fax \_\_\_\_\_

Investigating Officer Detective Joel Gibson Phone Number 903-453-6800 Case Number \_\_\_\_\_

In cases of parental abductions, a copy of the court-certified custody order must be enclosed.

Authorization for Release of Information

The undersigned Patricia Gager (sister) of Carey Mae Parker  
(print name & relationship: parent, spouse, guardian, or Law Enforcement) (print name of missing child/person)

hereby requests that his/her name, age, description, photograph (enclosed), and circumstances surrounding his/her missing status appear in the Missing Persons Bulletin published by the Texas Department of Public Safety. I understand this information may also be published or otherwise disseminated and made available to law enforcement agencies and other agencies or organizations involved with missing persons.

It is further understood and agreed that any and all information supplied by me shall be truthful, and I agree to hold harmless the Texas Department of Public Safety for any error of omission or commission occasioned by misinformation I may supply.

The undersigned individual(s) placing the description of a missing person in the Missing Persons Bulletin agrees to indemnify and hold harmless the Texas Department of Public Safety and any and all Law Enforcement Agencies or other organizations and/or individuals, contacts or sources of information, for or on account of any Legal Liability for suits, actions, claims, or damages that the reported missing person might prosecute against the aforesaid persons and entities and or individuals, whether successful, including defendants, costs sustained.

SIGNED: \_\_\_\_\_

DATED: 10/22/12

**\*\* Release must be signed by the parent, spouse, legal guardian or investigating officer\*\***

SEND COMPLETED FORM TO: TEXAS

DEPARTMENT OF PUBLIC SAFETY

MISSING PERSONS CLEARINGHOUSE

P.O. BOX 4087

AUSTIN, TEXAS 78773-0422

**(FAX # 512-424-2885)**

IMMEDIATELY NOTIFY THE MISSING PERSONS CLEARINGHOUSE

WHEN THE PERSON HAS BEEN LOCATED

1- 800 - 346 - 3243 or (512) 424 - 5074

WEB ADDRESS: [www.txdps.state.tx.us/mpch](http://www.txdps.state.tx.us/mpch)