



# Silver Alert Initial Reporting Form

Submit the completed form along with a current photo of the missing individual to Arkansas State Police Troop A, Communications Center:

[troopacomm@asp.arkansas.gov](mailto:troopacomm@asp.arkansas.gov)

Telephone contact with Troop A Communications:

(501) 618-8100

Facsimile transmission of form (no photograph transmission by fax)

(501) 618-8106

<b>SECTION I (ID/TIME/LOCATION)</b>			
(a) Full name of missing individual			
(b) City or community where individual was last seen			
(c) County where individual was last seen			
(d) Day & date individual was last seen			
(e) Exact time individual was last seen	AM <input type="checkbox"/>	PM <input type="checkbox"/>	
(f) Exact physical address where individual was last seen			
(h) Known landmarks at or near location where individual was last seen			
<b>SECTION II (PERSONAL INFORMATION &amp; DESCRIPTION)</b>			
(a) Race or ethnicity & sex of the missing individual	Male <input type="checkbox"/>	Female <input type="checkbox"/>	
(b) Color & style of hair	(f) Color of eyes		
(c) Complexion	(g) DOB		
(d) Height	(h) Weight		
(e) Description of clothing missing individual was last known to be wearing			
<b>SECTION III (SUPPLEMENTAL)</b>			
(a) License number and description of vehicle missing individual may be driving			
(b) Other identifying information			
<b>SECTION V (INVESTIGATIVE AUTHORITY &amp; CONTACT INFORMATION)</b>			
(a) Name of local law enforcement agency making request for alert activation			
(b) Name of authorizing sheriff or police chief SIGNATURE OF SHERIFF/POLICE CHIEF OR AUTHORIZED AGENCY COMMANDER			
(c) 24/7 telephone number for call back from public			
<b>THE FOLLOWING FIELDS ARE TO BE FILLED IN BY ASP TROOP A TELECOM</b>			
(a) ASP commanders notified			
(b) Log time initial report was received by ASP-Troop A	(c) Log time of alert activation		
<b>NOTES:</b>			

**ALERT CANCELLATION INFORMATION (DATE, TIME, CANCELLATION AUTHORITY):**