



## 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**

**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 <small>SIGNATURE OF SHERIFF/POLICE CHIEF OR AUTHORIZED AGENCY COMMANDER</small>			
(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):**