

ARKANSAS DEPARTMENT OF PUBLIC SAFETY



Arkansas State Police Division

AMBER ALERT REQUEST

<u>PRIOR TO COMPLETING THIS FORM</u>, contact the Arkansas State Police Criminal Investigation Division office in your area for assistance with the AMBER Alert Request.

Submit the completed form with a current photo of the abducted child via email to <u>troopacomm@asp.arkansas.gov</u>.

Call Troop A Communications at (501) 618-8100 to confirm receipt.

Although not preferred, this form may be faxed to (501) 618-8106. (*Please do not fax photos*.) If attaching photo(s) – use 300x400 pixels if possible.

REPORTING AGENCY INFORMATION *Required Fields in red with an asterisk	(Please be s	ACTIVATION CRITERIA ure the incident meets the criteria listed below)
☐ INITIAL REQUEST ☐ UPDATE *Request type	☐ Yes ☐ No 1.	There is reasonable belief by law enforcement that an actual ABDUCTION has occurred.
*Date of Request	☐ Yes ☐ No 2.	Law enforcement believes that the child is in IMMINENT DANGER of serious bodily injury or death.
*Name of Reporting Agency		The section was also activities to form action, about
*Contact Number for Reporting Agency	Yes No 3.	There is enough descriptive information about the victim and the abduction for law enforcement to issue an AMBER ALERT to assist in the recovery of the child.
*Name/Title of Investigating Officer	☐ Yes ☐ No 4.	The abducted child is under 18 years of age .
*Cell Phone Number for Investigating Officer	☐ Yes ☐ No 5.	The child's name and other critical data elements, including the CHILD ABDUCTION FLAG, have been entered into the National
*Number for Public to Call with Information		Crime Information Center (NCIC) system.
ABDUCTION DATE/TIME/LOCATION		
Date:Time:/	AM □PM City/C	ounty:
Exact Address Where Child Was Last Seen:		

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Abducted Child #	<u>: 1</u> :				
Name:	Last Name				
					Suffix (Jr., II, etc.)
Age.	Date of Birth:		NIC#		
Child's Sex:	Child's Race/Ethnic	ity:	Height:	Weight: _	
Hair Color/Style: _		Eye Color:		Complexion:	
Narrative Descripti	ion/Unique Physical Characte	eristics:			
☐ Yes ☐ No Cu	rrent digital photo (300x400	pixels preferred) of child is	s attached with this form	
Abducted Child #	<u>: 2</u> :				
Name:	Last Name	First Name		Middle Name	Suffix (Jr., II, etc.)
	Date of Birth:				,
Child's Sex:	Child's Race/Ethnic	ity:	Height:	Weight: _	
Hair Color/Style: _		Eye Color:		Complexion:	
Narrative Descripti	ion/Unique Physical Characte	eristics:			
LYes ☐ No Cu	rrent digital photo (300x400	pixels preferred) of child is	s attached with this form	
Abducted Child #	<u>: 3</u> :				
	Last Name				Suffix (Jr., II, etc.)
Age:	Date of Birth:		NIC#:_		
Child's Sex:	Child's Race/Ethnic	ity:	Height:	Weight: _	
Hair Color/Style: _		Eye Color:		Complexion:	
Narrative Descripti	ion/Unique Physical Characte	eristics:			
☐ Yes ☐ No Cu	rrent digital photo (300x400	pixels preferred) of child is	s attached with this form	

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Abducted Chi						
Name:	Last Name		First Name		liddle Name	Suffix (Jr., II, etc.)
Age:	Date of Bir	th:	NI	C#:		
Child's Sex:	Chi	ld's Race/Ethnicity: _	He	ight:	Weight:	
Hair Color/Styl	e:	Eye	e Color:	Complexio	on:	
Narrative Desc	ription/Unique P	hysical Characteristic	es:			
☐ Yes ☐ No	Current digital p	ohoto (300x400 pixels	s preferred) of cl	nild is attached w	ith this form	
SUSPECT(S) I	INFO					
Suspect # 1						
Name:				DOE	3:	
	Suspect 1 Home	e Address		City	State	Zip Code
Race:	Sex:	Height:	Weight:	Hair:	Eye Colo	r:
Complexion: _		Clothing:				
Narrative Desc	cription:					
		photo (300x400 pixels			ned with this forn	n
Suspect # 2						
Name:				DOE	3:	
	Suspect 2 Home	Δ Δ ddroes		City	State	Zip Code
Race:	·	Height:	Weight:	•		·
		Clothing:				
Narrative Desc		<u> </u>				
		photo (300x400 pixels	s preferred) of su	uspect(s) is attach	ned with this form	า
	VEHICLE INFO:	` .	,	1 ()		
		ake Model tors (damage area, b		loor, SUV, van, etc.) etc.):	License Plate No.	LPN State
-						

☐ Yes ☐ No Current digital photo (300x400 pixels preferred) of suspect vehicle is attached to this form

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CIRCUMSTANCES SURROUNDING ABDUCTION & OTHER PERTINENT INFORMATION OR NOTES:
ALERT CONFIRMATION – FOR USE BY TROOP A TELECOMMUNICATIONS
Responding ASP CID Special Agent:
Log Time Initial Report Received by Troop A:
ASP Supervisor Authorizing Alert:
Log Time of Alert Activation:
Other Information/Notes:
ALERT CANCELLATION INFO – FOR USE BY TROOP A TELECOMMUNICATIONS
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