



ARKANSAS STATE POLICE

ASP-501
(Rev. 05/01/2018)

Silver Alert Initial Reporting Form

Submit the completed form with a current digital photo of the missing individual via email to troopacomm@asp.arkansas.gov.

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.

SECTION I (INVESTIGATIVE AUTHORITY & CONTACT INFORMATION)									
(a) Name of local law enforcement agency requesting alert activation:									
(b) Name of authorizing Sheriff or Police Chief:									
(c) Signature of Sheriff/Police Chief or Authorized Agency Commander:									
(d) 24/7 telephone number for calls from public:									
SECTION II (ID/TIME/LOCATION and PERSONAL INFORMATION & DESCRIPTION)									
(a) Full name of missing individual:						(b) Date of Birth:			
Information regarding when/where missing individual was last seen:									
(c) City or community:			(d) County:			(e) Date:			
(f) Last Confirmed Time:		<input type="checkbox"/> AM <input type="checkbox"/> PM	(g) Exact address where missing last seen:						
(h) Known Landmarks at or near location where missing last seen:									
(i) Race or ethnicity:		(j) Gender:		<input type="checkbox"/> Male <input type="checkbox"/> Female	(k) Height:		(l) Weight:		
(m) Hair Color:		(n) Hair Style:		(o) Eye Color:		(p) Complexion:			
(q) Last known clothing description:						(r) Current photo attached: <i>(300x400 pixels preferred)</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No	
SECTION III (SUPPLEMENTAL)									
(a) Vehicle license plate #, if known			(b) License State		(c) Description of vehicle				
(d) Vehicle driven by missing individual?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk.		(e) Name and information of other person driving vehicle, if known					
(f) Other identifying information									
(g) Cognitive disorder(s) – describe in detail									
TROOP OPERATOR USE – BEFORE ACTIVATION OF AN ALERT ENSURE THE FOLLOWING INFORMATION IS COMPLETED									
(a) Name of CID Division Commander or Asst. Commander Notified									
(b) Time alert request received		(c) Time CID Commander notified		(d) Time alert activated					
NOTES:									
ALERT CANCELLATION INFORMATION (DATE, TIME, CANCELLATION AUTHORITY)									