



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:

Email - troopacomm@asp.arkansas.gov
Or telephone Troop A Communications - (501) 618-8100
Facsimile transmission of form (no photographs by fax) (501) 618-8106

SECTION I (ID / TIME / LOCATION)			
(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			
SECTION II (PERSONAL INFORMATION & DESCRIPTION)			
(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) Age	
(d) Height		(h) Weight	
(e) Description of clothing missing individual was last known to be wearing			
SECTION III (SUPPLEMENTAL)			
(a) License number and description of vehicle missing individual may be driving			
(b) Other identifying information			
SECTION V (INVESTIGATIVE AUTHORITY & CONTACT INFORMATION)			
(a) Name of local law enforcement agency requesting an 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 calls from the public			
-FOR TROOP A OPERATOR USE - BEFORE ACTIVATION OF AN ALERT ENSURE THE FOLLOWING INFORMATION IS COMPLETED			
(a) NAME OF CID DIVISION COMMANDER OR ASST. COMMANDER NOTIFIED			
(b) Log time alert request received:		(c) Log time CID commander notified	(d) Log time alert activated
NOTES:			

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