



INITIAL REPORTING FORM

(ASP 500 – Revised 02/09/2018)

Submit the completed form with a current photo of the abducted child 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 1 – CRITERIA (PLEASE ENSURE THE INCIDENT MEETS THE CRITERIA LISTED BELOW)

Please read over the criteria to ensure the incident meets the below criteria before requesting an Arkansas AMBER Alert activation. If you need assistance, please contact the Troop A Communications Center.

- Yes No 1. There is reasonable belief by law enforcement that an actual **ABDUCTION** has occurred.
- Yes No 2. Law enforcement believes that the child is in **IMMINENT DANGER** of serious bodily injury or death.
- 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.
- Yes No 4. The abducted child is **under 18 years of age**.
- Yes No 5. The child’s name and other critical data elements, including the CHILD ABDUCTION FLAG, have been **entered into the National Crime Information Center (NCIC)** system.

SECTION 2 – AGENCY INFORMATION

Agency Name: _____

Contact Phone #: _____ Agency Contact Name: _____
(Phone number should be for public to call)

SECTION 3 – ID/TIME/LOCATION

Full Name of Abducted Child: _____

Date of Birth: _____ City/Community Where Child Was Last Seen: _____

County of Abduction: _____ Date Child Was Last Seen: _____

Time Child Was Last Seen: _____ AM PM

Exact Address Where Child Was Last Seen: _____

Known Landmarks:

SECTION 4 – CHILD’S PERSONAL INFORMATION AND DESCRIPTION

Child’s Sex: _____ Child’s Race/Ethnicity: _____ Height: _____ Weight: _____

Hair Color/Style: _____ Eye Color: _____ Complexion: _____

Scars/Marks/Tattoos: _____

Description of clothing child last seen wearing, including any personal items in child’s possession:

Yes No Current digital photo (300x400 pixels preferred) of child is attached with this form

If yes, indicate when the photo was taken: _____

Circumstances surrounding abduction and any other pertinent information or notes:

SECTION 5 – SUSPECT(S) INFO

Suspect 1:

Name: _____ Age: _____ DOB: _____

Suspect 1 Home Address City State Zip Code

Race: _____ Sex: _____ Height: _____ Weight: _____ Hair: _____ Eye Color: _____

Complexion: _____ Clothing Descript.: _____

SECTION 5 – SUSPECT(S) INFO (CONT.)

Suspect 2:

Name: _____ Age: _____ DOB: _____

_____ Suspect 2 Home Address _____ City _____ State _____ Zip Code

Race: _____ Sex: _____ Height: _____ Weight: _____ Hair: _____ Eye Color: _____

Complexion: _____ Clothing Descript.: _____

Suspect(s) Vehicle Info:

_____ Color _____ Year _____ Make _____ Model _____ Style (2 door, SUV, van, etc.) _____ License Plate No. _____ LPN State

Other Suspect Vehicle Descriptors (damage area, bumper stickers, etc.):

Yes No Current digital photo (300x400 pixels preferred) of suspect(s) is attached with this form

SECTION 6 – 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:

SECTION 7 – ALERT CANCELLATION INFO – FOR USE BY TROOP A TELECOMMUNICATIONS