



Please Print Legibly or Use Typewriter ■ Answer All Fields ■ Forward to Arkansas State Police Troop A Communications ■ [Troopacomm@asp.arkansas.gov](mailto:Troopacomm@asp.arkansas.gov) ■ (501) 618-8106 Fax ■ Contact Troop A Communications at (501) 618-8100 to Confirm Receipt of Initial Report

**REPORTING AGENCY MUST CONTACT ASP/CID COMPANY IN THEIR AREA BEFORE COMPLETING THIS FORM. \*Link to CID Company Map**

ASP/CID Agent Contacted: \_\_\_\_\_

**Reporting Agency Information**

Agency Name: \_\_\_\_\_

Name of Authorizing Sheriff or Police Chief: \_\_\_\_\_

Agency Contact Phone Number (A number that can be used to contact the agency 24 hours a day for call back from the public):  
\_\_\_\_\_

**Last Known Location of Infant/Child/Minor**

Child's Name: \_\_\_\_\_

Date of Birth (mm/dd/yyyy) format: \_\_\_\_\_

City or Community Where Child Was Last Seen: \_\_\_\_\_

County Where Child Was Last Seen: \_\_\_\_\_

Date Child Was Last Seen: (mm/dd/yyyy) format: \_\_\_\_\_

Time Child Was Last Seen (Format: 12 hour hh:mm am/pm): \_\_\_\_\_

Exact Address Where Child Was Last Seen: \_\_\_\_\_

Known Landmarks at or Near Location Where Child Was Last Seen:

**Description of Infant/Child/Minor**

Race: Select One \_\_\_\_\_ Ethnicity, (If known): \_\_\_\_\_ Sex: Select One \_\_\_\_\_

Height (Describe in feet and inches, in case of infants it may not be applicable): \_\_\_\_\_ Weight: \_\_\_\_\_

Hair: Style (Describe color, cut, length, for example short, long, shoulder length, curly, etc):

Color of Eyes: \_\_\_\_\_

Complexion (For example, dark, light, medium, ruddy, etc): \_\_\_\_\_

Description of Clothing (description of clothing at time of disappearance or any personal possessions the child may have) :

Photo (of child): Select One \_\_\_\_\_

**Identity of Person/Suspect who may have the Missing Infant/Child/Minor**

Name: \_\_\_\_\_

Age: \_\_\_\_\_

Date of Birth (mm/dd/yyyy) format: \_\_\_\_\_

Home Address: \_\_\_\_\_

Race: Select One Ethnicity (If known): \_\_\_\_\_ Sex: Select One

Height (Describe in feet and inches): \_\_\_\_\_ Weight: \_\_\_\_\_

Hair: Style (Describe color, cut, length, for example short, long, shoulder length, curly, etc):

Eye Color: \_\_\_\_\_

Complexion (For example, dark, light, medium, ruddy, etc): \_\_\_\_\_

Description of Clothing (description of clothing at time of child's disappearance):

Transportation (Vehicle the missing child may be travelling in; make/model, color, license plate number, any other identifiers) :

Photo: Select One \_\_\_\_\_

**Known Reportable Circumstances Related to Missing Infant/Child/Minor**

Supplemental Circumstances:

**THE FOLLOWING FIELDS ARE TO BE FILLED IN BY ASP TROOP A TELECOM**

**Alert Level: 2**

Responding ASP/CID Special Agent: \_\_\_\_\_

Log Time Initial Report was Received by ASP-Troop A: \_\_\_\_\_

ASP Supervisor Authorizing Alert: \_\_\_\_\_

Log Time of Alert Activation: \_\_\_\_\_