

Mississippi Silver Alert System Initial Reporting Form

TO BE COMPLETED BY LAW ENFORCEMENT ONLY

1. Is it believed that the Missing Adult suffers from Dementia, Alzheimer's, or other Cognitive Impairment(s)?

____ YES

____ NO

If yes, describe: _____

2. Is the Missing Adult believed to be in imminent danger?

____ YES

____ NO

If yes, describe: _____

3. Is there evidence to believe the missing adult was abducted or is in the company of some other person(s) who may intend harm to the missing adult?

____ YES

____ NO

If yes, describe: _____

Missing Adult Information

Full Name of Missing Adult: _____

Age: _____

Date of Birth: _____

Home Address: _____

City: _____ County: _____ State: _____

Race: _____ Sex: _____ Height: _____ Weight: _____

Hair Color: _____ Eye Color: _____

Clothing Description and/or Other Descriptors, such as Scars, Tattoos, etc.: _____

Cellular Telephone Number: _____ Cellular Provider: _____

The Missing Adult's Last Known Location

Day of Week: _____ Month: _____ Day: _____ Time: _____

Address/Location: _____

City: _____ County: _____ State: _____

Walking or Driving? _____ Direction: _____

Description of Person Last Seen with the Missing Adult (If Any)

Name of Person: _____

Description of Person: _____

Cellular Telephone Number: _____ Cellular Provider: _____

Vehicle Description (If Any)

Year: _____ Color: _____ Make: _____ Model: _____

Tag State: _____ Tag Numerals: _____

Requesting Law Enforcement Agency Information

Law Enforcement Agency: _____

24 Hour Phone Number for Tip Line: _____

Contact Officer Name: _____ Cellular Number: _____

Name of Authorizing Sheriff / Chief of Police: _____

Signature of Authorizing Sheriff / Chief of Police / or Designee: _____

Date: _____ Time: _____

Attachments to be Included

- Copy of Missing Person Report
- Color photographs of Missing Adult
- Photographs of Person(s) last Seen with Missing Adult
- Confirmation of Missing Adult's entry into NCIC, including number

Detailed summary of actions taken in an effort to locate the Missing Adult:

[illegible]

Forward Completed Form and Pictures to: Mississippi Highway Safety Patrol Headquarters

Telephone: 601-987-1530

Fax: 601-987-1480

Email: troopc@dps.ms.gov

MANDATORY: Call (601) 987-1530 to verify the Silver Alert agency packet has been received.