

Mississippi Silver Alert System Initial Reporting Form

TO BE COMPLETED BY LAW ENFORCEMENT ONLY

Is it believed that the Missing Adult suffers from Dementia, Alzheimer's, or other Cognitive Impairment(s)? If Yes, Describe:

Is the Missing Adult believed to be in imminent danger? (Yes or No) _____
Describe: _____

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? 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, Tattoo's, 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: _____

