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: ______________________

Rev 03/07/2019
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
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:

__________________________________________________________________________

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Forward Completed Form and Pictures to: Mississippi Highway Safety Patrol Headquarters
Telephone: 601-987-1530    Fax: 601-987-1480    Email: dpshq@dps.ms.gov

Rev 03/07/2019