## 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: County: \_\_\_\_\_ State: \_\_\_\_\_ City: \_\_\_\_\_ 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: \_\_\_\_\_ Day: \_\_\_\_ Time: \_\_\_\_ Address/Location: City: \_\_\_\_\_ 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)** 

## **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

<u>Telephone</u>: 601-987-1530 <u>Fax</u>: 601-987-1480 <u>Email</u>: <u>dpshq@dps.ms.gov</u>