

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:

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

Telephone: 601-987-1530

Fax: 601-987-1480

Email: troopc@dps.ms.gov