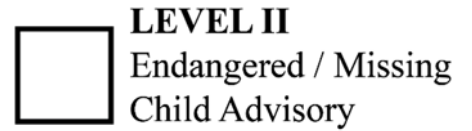




**THIS DOCUMENT MUST BE COMPLETED BY A LOCAL  
LAW ENFORCEMENT AGENCY REPRESENTATIVE ONLY**

**PRIOR TO SUBMITTING, please call LSP Fusion Center at 1-800-434-8007**



DATE/TIME THIS FORM WAS COMPLETED: \_\_\_\_\_

**SECTION 1 – ID/DATE/TIME/LOCATION**

Full name of missing child/adult: \_\_\_\_\_

City/Community/Parish where child/adult last seen: \_\_\_\_\_

Day/date last seen: \_\_\_\_\_

Date/time discovered missing: \_\_\_\_\_

Exact address/location last seen: \_\_\_\_\_

Known landmarks at or near location missing from: \_\_\_\_\_

Last known direction of travel: \_\_\_\_\_

Circumstances surrounding disappearance/any pertinent information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SECTION 2 – MISSING CHILD/ADULT’S PERSONAL INFORMATION & DESCRIPTION**

\*Current digital photo attached? \_\_\_\_\_ \*approximate age of photo: \_\_\_\_\_

Race/Ethnicity of child/adult: \_\_\_\_\_

Sex of child/adult: \_\_\_\_\_

Color and style of hair/ eye color: \_\_\_\_\_

Child/Adult’s age, height & weight: \_\_\_\_\_



Description of clothing missing child/adult was last seen wearing, include any personal items in his/her possession: \_\_\_\_\_  
\_\_\_\_\_

Description of any associated vehicle:

Year \_\_\_\_\_ Color \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

Unique Characteristics of the vehicle \_\_\_\_\_

**SECTION 3 – THREAT OF IMMINENT DANGER**

Is the child/adult believed to be in imminent danger? Why? \_\_\_\_\_  
\_\_\_\_\_

Is this an abduction? \_\_\_\_\_  
\_\_\_\_\_

What evidence exist that the child/adult was abducted? \_\_\_\_\_  
\_\_\_\_\_

Name and DOB of any suspect(s) in disappearance: \_\_\_\_\_  
\_\_\_\_\_

Description of any suspect(s) in disappearance: \_\_\_\_\_  
\_\_\_\_\_

Is there evidence to indicate the abductor would cause serious injury or death to the child/adult?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Circumstances surrounding disappearance/any pertinent information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**SECTION IV – SUPPLEMENTAL**

Name of law enforcement agency making AMBER/Silver/Level II Alert activation request:

\_\_\_\_\_

Agency Case /Incident number: \_\_\_\_\_

Name/rank/signature of authorizing supervisor at law enforcement agency: \_\_\_\_\_

\_\_\_\_\_

24/7 Phone # for Public: \_\_\_\_\_

Name of case investigator & cell phone # *(for LSP purposes only)*

\_\_\_\_\_

**PRIOR TO SUBMITTING COMPLETED FORM, PLEASE CALL THE**

**Louisiana State Police – Fusion Center**

**@ Telephone: 1-800-434-8007**

**Fax: (225) 925-4766**

Email completed form to the following:

[amberalert@la.gov](mailto:amberalert@la.gov)

[lasafe.requests@la.gov](mailto:lasafe.requests@la.gov)

***(After emailing or faxing the form, follow up with a phone call to verify receipt)***