

Silver Alert Center

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SILVER ALERT NUMBER
(ISP Use Only)

**SILVER ALERT
REQUEST SHEET**

1. Date: _____ Time: _____ Received By: _____

2. Time of Disappearance: _____

3. Request Made By:

Law Enforcement Agency: _____
(Name and Telephone Number)

Agency Address: _____

Investigating Officer: _____

Telephone Number for Investigative Leads: _____

Person Making Request: _____

4. Lead Agency Case Number: _____

5. Was a Local "A Child Is Missing" Alert Activated? _____ Time: _____

6. Name and Title of Medical Authority Validating Medical Impairment: _____
Telephone Number: _____

VICTIM(S) INFORMATION: (If Multiple Victims, Use Additional Forms)

7. Full Name: _____ Date of Birth: _____

8. Social Security Number (if known): _____ Race: _____

9. Sex: _____ Height: _____ Weight: _____ Hair: _____ Eyes: _____
(Length and Color)

10. DISTINGUISHING MARKS:

(Scars, Birthmarks, Tatoos, Piercing, etc.)

11. DESCRIPTION OF CLOTHING:

VICTIM(S) VEHICLE INFORMATION:

12. Type: _____ Model: _____ Make: _____ Color: _____

13. License Plate: _____ Vehicle Year: _____ State: _____

14. LAST KNOWN DIRECTION OF TRAVEL (Include Time, Roadway, and Destination (if known)):

15. LOCATION DISAPPEARANCE OCCURRED: _____

16. DISTANCE AND DIRECTION FROM MAJOR CITY: _____

17. EXACT LOCATION LAST SEEN: _____

18. EXACT TIME LAST SEEN (INCLUDE TIME ZONE AND DAYLIGHT SAVINGS TIME): _____

19. PHOTOGRAPH AVAILABLE? YES NO

If YES, how will it be sent to ISP? _____

20. WAS A WEAPON INVOLVED? YES NO

If yes, describe: _____

21. IDACS & NCIC:

Verified Victim(s) Entry: _____ IDACS # _____ NCIC # _____

Verified Victim(s) Entry: _____ IDACS # _____ NCIC # _____

22. NARRATIVE (When, Where, How Disappearance Occurred):

23. Unit Completing this Report: _____

Date and Time: _____

24. SILVER ALERT APPROVED BY:

Date and Time: _____