

Louisiana Amber Alert System Initial Reporting Form

Section I – Identification/Time/Location

Full Name of Missing Child: _____

INFORMATION REGARDING LAST SIGHTING OF MISSING CHILD:

City or Community: _____

Parish: _____

Day and Date: _____ Exact Time: _____

Exact Address: _____

Landmarks Near Last Sighting: _____

Last Known Direction of Travel (include Hwy and/or Street Name): _____

Section II – Threat of Imminent Danger

Is the missing child believed to be in imminent danger? _____

Is there evidence the child was abducted? _____

Section III – Personal Information & Description

Race/Ethnicity of Missing Child: _____ Male/Female: _____

Color and Style of Hair: _____ Eye Color: _____

DOB: _____ Complexion: _____ Ht: _____ Wt: _____

Description of Clothing Child Was Last Seen Wearing (include personal items child may have had in possession): _____

Section IV – Supplemental

Name and DOB of Individual Who May Be With Missing Child: _____

Description of Individual Who May Be With Missing Child: _____

Description of Vehicle Being Driven By Individual Who May Be With Missing Child: _____

Name of Local Law Enforcement Agency Making Request For Alert Activation: _____

Name of Authorizing Sheriff/Police Chief: _____

Signature of Sheriff/Police Chief or Authorized Agency Commander: _____

FORWARD COMPLETED FORM TO:

Louisiana State Police, Troop F - Monroe

Phone: (318) 345-0000

Fax: Primary - (318)343-2006 Secondary- (318) 362-5198

Email: AMBERALERT@dps.state.la.us