

Virginia State Police



## **Critically Missing Adult Alert Activation Form**

## **IMPORTANT**

Do NOT request the Alert Activation if the answer is NO to ANY of the following questions. Contact VSP Duty Sergeant before sending this form or if you need assistance call 804.674.2026

<b>ALERT CRITERIA:</b>	(Please mark the box if the answer is yes)	)
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Is the person 18 years of age or older?

Are the person's whereabouts unknown due to a disappearance or an abduction that has been verified by an investigation?

Does the disappearance or abduction pose a credible threat, as determined by law enforcement, to the safety and health of the missing person?

NCIC #:

## **DISAPPEARANCE/ABDUCTION INFORMATION**

Date/Time:	Last seen at (address):
Brief Summary:	

VICTIM INFORMATION							
Name: Race:		Age:	Hair:	Eyes:	Glasses?:		
Race:	Sex:	Height:	Weight:				
Last seen wearing:							
Scars/Birthmarks, etc.:							
Indicate any developmental	disability, intellectua	al disability, mental illı	ness and/or m	edical condition	ons:		
	<b>N</b> T						
SUSPECT INFORMATIO				F	<b>C1</b> 0		
Name:		Age:	Haır:	Eyes:	Glasses?:		
Race:			Weight:				
Scars/Tattoos:							
Last seen wearing:							
VEHICLE INFORMATIC	DN						
Make: Model:	Year:	Color:	License Plate #:		State:		
Unique Markings:							
Direction of Travel:							
NOTE: Use additional sheets if more the	han one suspect or victim						
<b>REPORTING AGENCY I</b>	NFORMATION						
		Agen	cv Contact Ni	umber:			
Department Contact:		Agency Contact Number:   Cell phone number:					
Phone number for media inc	wiries:	s: Date of request:					
Ema	il this form to the VS	P Duty Sergeant at duty	/sgthq@vsp.vi	rginia.gov			