



# Virginia State Police

## Critical Operation for a Disappeared Child Initiative (CODI) 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

#### ALERT CRITERIA: (Please mark the box if the answer is yes)

Is the person 17 years of age or younger or currently enrolled in a secondary school in the Commonwealth, regardless of age?

Are the person's whereabouts unknown?

Is the disappearance under suspicious circumstances or poses a credible threat as determined by law enforcement to the safety and health of the child and under such other circumstances as deemed appropriate by the Virginia State Police?

NCIC #: \_\_\_\_\_

#### DISAPPEARANCE/ABDUCTION INFORMATION

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

#### VICTIM INFORMATION

Name: \_\_\_\_\_ Age: \_\_\_\_ Hair: \_\_\_\_\_ Eyes: \_\_\_\_\_ Glasses?: \_\_\_\_  
 Race: \_\_\_\_\_ Sex: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
 Last seen wearing: \_\_\_\_\_  
 Scars/Birthmarks, etc.: \_\_\_\_\_  
 Indicate any developmental disability, intellectual disability, mental illness and/or medical conditions: \_\_\_\_\_

#### SUSPECT INFORMATION

Name: \_\_\_\_\_ Age: \_\_\_\_ Hair: \_\_\_\_\_ Eyes: \_\_\_\_\_ Glasses?: \_\_\_\_  
 Race: \_\_\_\_\_ Sex: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
 Scars/Tattoos: \_\_\_\_\_  
 Last seen wearing: \_\_\_\_\_

#### VEHICLE INFORMATION

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Color: \_\_\_\_\_ License Plate #: \_\_\_\_\_ State: \_\_\_\_  
 Unique Markings: \_\_\_\_\_  
 Direction of Travel: \_\_\_\_\_

*NOTE: Use additional sheets if more than one suspect or victim*

#### REPORTING AGENCY INFORMATION

Reporting Agency: \_\_\_\_\_ Agency Contact Number: \_\_\_\_\_  
 Department Contact: \_\_\_\_\_ Cell phone number: \_\_\_\_\_  
 Phone number for media inquiries: \_\_\_\_\_ Date of request: \_\_\_\_\_

**Email this form to the VSP Duty Sergeant at [dutysgthq@vsp.virginia.gov](mailto:dutysgthq@vsp.virginia.gov)**

**IMMEDIATELY NOTIFY VSP (804) 674-2026 WITH UPDATES OR WHEN AN ALERT CAN BE CANCELLED**



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### Activation

Investigate the matter to verify the disappearance, confirming they are critically missing and eliminate alternative explanations.

Enter the missing child into the Virginia Criminal Information Network (VCIN) and the National Crime Information Center (NCIC) missing person files.

Complete the SP-183 (Virginia Missing Children Information Clearinghouse Report) and email it to the Virginia Missing Persons Clearinghouse at [vamissing@vsp.virginia.gov](mailto:vamissing@vsp.virginia.gov).

Complete the Virginia CODI Alert Activation Request Form.

- Attach a current photograph of the missing or endangered child.
- Attach the completed SP-183.
- Designate a department contact with information who is available to discuss the alert request (include a name and telephone number).
- Provide sufficient information to disseminate to the public to assist in locating the missing child.

Email the Virginia CODI Alert Activation Request Form, the SP-183 and any photographs to the duty sergeant at [dutysgthq@vsp.virginia.gov](mailto:dutysgthq@vsp.virginia.gov).

Contact the duty sergeant at 804-674-2026 to confirm receipt of the packet information or if you should have any difficulties transmitting information.

### Update/Cancel Alert

Updated alert information needs to be sent to [dutysgthq@vsp.virginia.gov](mailto:dutysgthq@vsp.virginia.gov).

Immediately notify the duty sergeant at [dutysgthq@vsp.virginia.gov](mailto:dutysgthq@vsp.virginia.gov) with the cancellation request.

Contact the duty sergeant by phone to confirm the receipt of the cancellation request.