

Alert Data Entry Form

Information Needed to Activate an Alert

AMBERAlertRequest@wsp.wa.gov

Call 360-688-0700 Follow up email to confirm receipt

(* Indicates required field)

Alert Type: Select One

Law Enforcement Agency Contact Information		
*Requesting Agency:	*24 hr Phone #:	

Reporting Officer *Email/Phone #:	
*Data Provided By:	*Authorizing Officer:
*Authorizing Officer Rank:	*Authorizing Officer Badge #:

Incident Details		
*Case Number:	*Date of Last Contact:	*Time of Last Contact:
*Incident Summary:		
Address (or Cross Streets):		
City:	*County:	*Zip Code:

Victim/Child Information <i>(Electronic Photo if available)</i>				
*Name(Last, First):	*Date of Birth:	*Age:	Race:	
*Gender:	*Height:	*Weight:	Eye Color:	Hair Color:
Identifying Features <i>(i.e. glasses, hair style, scar/marks/tattoos)</i> :				
*Last seen wearing:				

Suspect Information <i>(Electronic Photo if available)</i>				
Name:	Date of Birth:	Age:	Race:	
Gender:	Height:	Weight:	Eye Color:	Hair Color:
Identifying Features <i>(i.e. glasses, hair style, scar/marks/tattoos)</i> :				
*Last seen wearing:				

Vehicle Information <i>(An internet search of similar vehicles will provide a photo if none available)</i>			
Color:	(Approx.) Year:	Make:	Model:
Style:	License:	State:	
Additional Vehicle Information:			
Requested Area of Activation for DOT Highway Signs <i>(i.e. north-west Washington, Western Washington, Eastern Washington)</i> :			