

Alert Data Entry Form
Information Needed to Activate and Alert
AMBERAlertRequest@wsp.wa.gov
Call 360-688-0700 to confirm receipt of email
 (*Indicates required field)

Alert Type:

Law Enforcement Agency Contact Information	
*Requesting Agency:	*24 hr LEA Phone#:
	24 hr Public Phone# (NOT 911):

*Reporting Officer Email:	*Reporting Officer Phone#:
*Data Provided By:	*Authorizing Officer:

Victim Information (*Electronic/JPEG Photos send to: AMBERAlertRequest@wsp.wa.gov)				
*Name(Last, First):	*Date of Birth:	*Age:	Race:	
Gender:	*Height:	*Weight:	*Eye Color:	*Hair Color:
Identifying Features: (i.e. glasses, hair style, scars/marks/tattoos):				
*Last Seen Wearing:				

Incident Details		
*Case Number:	*Date of Last Contact:	*Time of Last Contact:
*Incident Summary:		
*Address/Location Last Seen/Went Missing:		
*City:	*County:	*Zip Code:

Has your agency determined the victim is missing under unexplainable or suspicious circumstances?	Yes	No
*Explain:		
Has your agency determined the victim to be in danger?	Yes	No
*Explain:		
Is the victim developmentally disabled or cognitively impaired?	Yes	No
*Explain:		

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

Vehicle Information (Electronic Photo if available)			
Color:	(Approx.)Year:	Make:	Model:
Style:	License:	State:	
Additional Vehicle Information:			