Alert Data Entry Form

Information Needed to Activate an Alert

AMBERAlertRequest@wsp.wa.gov

(* Indicates required field)

Alert Type: Select one

Law Enforcement Agency Contact Information		
*Requesting Agency:	*Public #:	*Media #:
*24 Hour Law Enforcement Only #: *(This should be a number to reach someone in charge of the investigation that is authorized to make key decisions.)*		

Reporting Officer	
*Data Provided By:	*Authorizing Officer:
*Authorizing Officer Rank:	*Authorizing Officer Badge #:
*Email Address (for Alert Preview/Approval):	
DO NOT RESPOND TO THE PREVIEW ALERT MESSAGE – THIS EMAIL ADDRESS IS NOT MONITORED – SEND YOUR APPROVAL TO AMBERAlertRequest@wsp.wa.gov	

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

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

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

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