Print Form Submit by Email

To be completed by local law enforcement agency only.
Please call Troop F @ 318-345-0000 prior to submittal.

Louisiana *AMBER Alert!* System
Initial Reporting Form

Section I – ID/Time/Location

- Full Name of Abducted Child:
  _____
- City/Community Where Child Was Last Seen:
  _____
- Parish of Abduction:_____
- Day/Date of Abduction:_____
- Time of Abduction:_____
- Exact Address of Abduction:
  _____
- If possible, Name & DOB of Suspect(s):_____
  _____
  _____
- Description of Suspect(s):_____
  _____
  _____
  _____
- Description of Suspect Vehicle:_____
  _____
- Known Landmarks At or Near Abduction Location:
  _____
  _____
- Last Known Direction of Travel (include Hwy# and/or Street Name):
  _____
  _____

Section II – Threat of Imminent Danger

§14.403.3. Reports of missing children; procedures; false reports or communications; penalties. It is a felony to intentionally file a false missing/abducted child report.

- Is the Abducted Child Believed to be in Imminent Danger?
  _____
- Is this a Parental Abduction?_____
  If yes, what evidence exists to indicate the parent would cause serious injury or death to the child:
  _____
  _____
  _____
- What evidence exists of the child's abduction?
  _____
  _____
  _____

Section III – Child's Personal Information & Description

**Is Current Digital Photo of Child Attached? _____
If so, when was it taken?_____

- Race/Ethnicity of Child:_____
- Sex of Child:_____
- Color & Style of Hair:_____
- Child's DOB:_____
- Complexion:_____
- Height & Weight:_____
- Description of Clothing Child Last Seen Wearing, Including any Personal Items in Child's Possession:
  _____
  _____
  _____
  _____

- Circumstances surrounding abduction & any pertinent information:
  _____
  _____
  _____
  _____
  _____
  _____
  _____
  _____
  _____

Section IV – Supplemental

- Name of Local L.E. Agency Making AMBER Alert Activation Request: _____
- Name/Rank of Authorizing Officer at Local L.E.:_____
- Signature of Above Officer:_____
- 24/7 Phone Number for Public:_____
- Names & Cell Phone #'s of Case Investigators (*for LSP purposes only):*_____
  _____

Submit Completed Form To:

Louisiana State Police – Troop F
Telephone: (318) 345-0000
Email: amberalert@dps.la.gov
Fax: (318) 362-5198

After submittal, please follow-up with a phone call to insure receipt.