

## **Nevada Silver Alert Notification/Activation Form**

This form is for use by law enforcement officials only.

Follow this procedure to initiate a Nevada Silver Alert

Make Sure you complete and submit ALL pages of this activation form.

| 1. |   | Alert Criteria the following statutory criteria must be met before the Nevada DPS will activate a Silver Alert:   |
|----|---|---|
|    |   | The missing endangered person is 60 years of age or older;  |
|    |   | The whereabouts of the missing endangered older person are unknown;   |
|    |   | The missing endangered older person has either:   |
|    | 0 | Been diagnosed with a medical or mental health condition that places the person in danger of serious physical harm or death; or                           |
|    | 0 | Is missing under suspicious or unexplained circumstances that place the person in danger of serious physical harm or death; and                           |
|    |   | There is sufficient descriptive information about the missing endangered older person or other pertinent information to warrant activation of the system. |

IF ALL OF THE ABOVE CRITERIA ARE MET, COMPLETE THIS FORM AND FOLLOW THE INSTRUCTIONS BELOW.

- 2. **NCIC Entry-** Make an NCIC missing person entry using the Endangered Missing EME code through the law enforcement computer system available in your area.
- 3. SUBMIT THE INFORMATION ON THE NEXT PAGE.

## Nevada Department of Public Safety Nevada Silver Alert Notification/Activation Form

This form is for use by law enforcement officials only.

| WHAT TYPE OF NOTIFICATION IS THIS?  HAS ANY TYPE OF LOCAL ADVISORY BEEN ISSUED?  INITIAL ALERT UPDATE CANCELLATION YES NO                  |                   |  |          |                   |                    |                        |             |          |                   |  |  |  |  |
|--|-------------------|--|----------|-------------------|--------------------|------------------------|-------------|----------|-------------------|--|--|--|--|
| MISSING ENDANG   |                   |  |          | AGE               | DATE OF BIRTH RACE |                        | RACE        |          |                   |  |  |  |  |
|  |                   |  |          |                   |                    |                        |             |          |                   |  |  |  |  |
| LAST, FIRST MIDDLE  SEX HEIGHT WEIGHT HAIR HAIR LENGTH   |                   |  |          |                   |                    |                        | GLASSES     |          |                   |  |  |  |  |
|  | TEIGHT WEIGHT HAR |  |          |                   |                    | EYES                   |             |          |                   |  |  |  |  |
| DIAGNOSED MEDICAL CONDITION:   |                   |  |          |                   |                    |                        |             |          |                   |  |  |  |  |
|  |                   |  |          |                   |                    |                        |             |          |                   |  |  |  |  |
|  |                   |  |          |                   |                    |                        |             |          |                   |  |  |  |  |
| UNIQUE PHYSICAL CHARACTERISTICS  |                   |  |          |                   |                    |                        |             |          |                   |  |  |  |  |
| CLOTHING   |                   |  |          |                   |                    |                        |             |          |                   |  |  |  |  |
| VEHICLE COLOR YEAR MAKE  |                   |  |          | MODEL             |                    |                        | STATE       | LICEN    | LICENSE PLATE NO. |  |  |  |  |
|  |                   |  |          |                   |                    |                        |             |          |                   |  |  |  |  |
| DATE, TIME AND LOCATION LAST SEEN (DIRECTION OF TRAVEL, DESTINATION):  |                   |  |          |                   |                    |                        |             |          |                   |  |  |  |  |
|  |                   |  |          |                   |                    |                        |             |          |                   |  |  |  |  |
|  |                   |  |          |                   |                    |                        |             |          |                   |  |  |  |  |
| BRIEF CIRCUMSTANCES REGARDING THE MISSING ENDANGERED OLDER PERSON (Include pertinent medical, mental and other well being information)     |                   |  |          |                   |                    |                        |             |          |                   |  |  |  |  |
| DRIEF CINCUIVISTANCES REGARDING THE IVIISSING ENDANGERED OLDER PERSON (Include pertinent medical, mental and other well being information) |                   |  |          |                   |                    |                        |             |          |                   |  |  |  |  |
|  |                   |  |          |                   |                    |                        |             |          |                   |  |  |  |  |
|  |                   |  |          |                   |                    |                        |             |          |                   |  |  |  |  |
|  |                   |  |          |                   |                    |                        |             |          |                   |  |  |  |  |
|  |                   |  |          |                   |                    |                        |             |          |                   |  |  |  |  |
| LAW ENFORCEMENT AGENCY REQUESTING ALERT  |                   |  | T AGENCY | CASE / INCIDENT N | NUMBER             | PHONE # OF L.E. AGENCY |             | FAX#     | OF L.E. AGENCY    |  |  |  |  |
| REPORTING L.E. O   | FEICED TITLE      |  | 1.5.055  | FICER CONTACT #   | DDC EM             | DI OVEE VEDIE          | VINC CRITER | IA AND D | EQUESTED ALERT    |  |  |  |  |
| REPORTING L.E. O   | FFICER, TITLE     |  | L.E. OFF | TICER CONTACT #   | DP3 EIVI           | PLOTEE VENIF           | TING CRITER | IA AND N | EQUESTED ALEKT    |  |  |  |  |
| ATTACH NCIC MESSAGE WITH MISSING OLDER PERSON INFORMATION  |                   |  |          |                   |                    |                        |             |          |                   |  |  |  |  |
| PHOTOGRAPHS / MAPS. You may attach relevant photographs, maps or other useful attachments. Call the DPS                                    |                   |  |          |                   |                    |                        |             |          |                   |  |  |  |  |
|  |                   |  |          | a for their e-ma  |                    |                        |             |          |                   |  |  |  |  |
| Agency representative authorizing this alert must sign and date below.   |                   |  |          |                   |                    |                        |             |          |                   |  |  |  |  |
| NAME OF LAW ENFORCEMENT REPRESENTATIVE AUTHORIZING THIS ALERT (Typing your name below represents a signature being affixed.)  DATE/TIME:   |                   |  |          |                   |                    |                        |             |          |                   |  |  |  |  |
|  |                   |  |          |                   |                    |                        |             |          |                   |  |  |  |  |
|  |                   |  |          |                   |                    |                        |             |          |                   |  |  |  |  |

## **Nevada Silver Alert Notification/Activation**

c/o Nevada Department of Public Safety General Services Division – Communications Bureau

 Northern Command – West
 Northern Command –East
 Southern Command

 Carson City, NV.
 Elko, NV.
 Las Vegas, NV.

 (775)687-0400 / Fax (775)687-0487
 (775)753-1298 / Fax (775)753-1297
 (702)432-5393 / Fax (702)486-4190

Please verify by telephone that your FAX has been received.