



South Carolina Law Enforcement Division Endangered Person Alert Activation Form



IMPORTANT: Do NOT send Alert Activation form if the answer is NO to ANY of these questions. If criteria is not met, contact SLED for assistance using other available resources.

Call SLED before sending this form or if you need assistance | Phone: 803.896.7133 | Fax: 803.896.7041

ENDANGERED PERSON ALERT CRITERIA: (Please mark the box if the answer is yes)

- Law Enforcement confirms that the missing person is believed to be suffering from dementia or some other cognitive impairment.
- Law Enforcement concludes that the disappearance poses a credible threat to the person's welfare and safety, or a threat to the public's safety.
- A legal custodian of the missing person has submitted a missing person report to the local law enforcement agency within the jurisdiction of the incident location.

ACTIVATION OF THE SCDOT MESSAGE SIGNS SHALL BE BASED ON THE FOLLOWING:

- There is sufficient information available to disseminate to the public that could assist in locating the missing person, such as photographs and confirmed vehicle/tag information.
- Law Enforcement has already activated a local or regional advisory by contacting media outlets in their jurisdiction and/or surrounding jurisdictions.
- Law Enforcement acknowledges use of the statewide dynamic message signs may be the only possible way to rescue the missing endangered person.

NCIC #: _____ (must be entered as Missing Person Endangered)

IMPORTANT: Has your Chief/Sheriff approved? _____ YES _____ NO

Reporting Agency: _____ Agency Contact Number: _____

Name/Title of Investigating Officer: _____ Cell phone number: _____

Phone number for media inquiries: _____ Date of request: _____

INCIDENT INFORMATION

Date/Time of incident: _____ Location/Place of incident: _____

Incident details: _____

VEHICLE INFORMATION

Make: _____ Model: _____ Year: _____ Color: _____ License Plate #: _____

State: _____ Unique Markings: _____

Direction of travel/Destination: _____

MISSING PERSON INFORMATION

Name: _____ Age: _____ Hair: _____ Eyes: _____ Glasses?: _____ Race: _____

Sex: _____ Height: _____ Weight: _____ Last seen wearing: _____

Medical conditions: _____

Scars/Birthmarks, etc: _____

NOTE: Use additional sheets if more than one victim