DEPARTMENT OF PUBLIC SAFETY
MISSING PERSON CLEARINGHOUSE
REPORT FORM

1-800-457-3463 505-901-7396

DPS.MISSINGPERSON@DPS.NM.GOV

MISSING PERSON CIRCUMSTANCES: ☐ STRANGER ABDUCTION ☐ PARENTAL/NON-CUSTODIAL ABDUCTION ☐ RUNAWAY(JUVENILE) ☐ ADULT (18 OR OLDER) ☐ OTHER - EXPLAIN:	**NCIC MESSAGE KEY:** ☐ DISABILITY ☐ ENDANGERED ☐ INVOLUNTARY ☐ JUVENILE ☐ CATASTROPHE VICTIM ☐ CAUTION ☐ OTHER

MISSING PERSON NAME: **DOB:**

HEIGHT: **WEIGHT:** **HAIR:** **EYES:**

RACE/ETHNICITY: **TRIBAL AFFILIATION:**

HAIR COLOR/STYLE:

CLOTHING DESCRIPTION:

SCARS/MARKS/TATTOOS:

POSSIBLE DESTINATION:

POSSIBLY WITH/SUSPECT INFORMATION:

VEHICLE MAKE: **MODEL:** **COLOR:**
LICENSE PLATE: **STATE:**
BODY DAMAGE/OTHER DISTINGUISING DETAILS:

DATE LAST CONTACT:

ALERT REQUESTED:
AMBER ALERT **BRITTANY ALERT** **ENDANGERED ALERT** **SILVER ALERT**

CONTACT THE ON-CALL NM STATE POLICE PIO at (505)841-9256 (24 HOURS A DAY)

MEDICAL RECORDS AVAILABLE: Y N LOCATION:

DENTAL RECORDS AVAILABLE: Y N LOCATION:

HANDELING OFFICER:
AGENCY:

CASE#: **NIC #:**

PHOTO MUST BE SENT TO CLEARINGHOUSE WITH ALL DOCUMENTS:

- MUST BE WITHIN 5 YEARS
- NO FILTERS (i.e. bunny ears, dog nose)
- CLEAR VIEW OF FACE

EMAIL ALL FORMS TO DPS.MISSINGPERSON@DPS.NM.GOV
WITHIN 24 HOURS OF ENTRY

DEPARTMENT OF PUBLIC SAFETY

Dental Records Release Form

Authorization for Disclosure of Dental Record Information for a Missing Person

IN THE MATTER OF:

_____
Name

_____
Date of Birth

_____
Social Security Number

I certify that a missing person report has been made in compliance with the provisions of the Missing Persons Information Act [29-15-1 NMSA 1978].

_____
Signature of Law Enforcement Officer

_____
Printed Name, Rank, Agency

To: Dental Practitioner/Clinic

You are hereby requested pursuant to the Laws of the State of New Mexico, [29-15-8 NMSA 1978][1] to produce all dental records of the above named missing person. Please include all original dental x-rays, dental chartings, periodontal chartings, treatment notes, treatment plans, photographs, and study models. Please release these records to the investigating law enforcement agency. The Health Insurance Portability and Accountability Act of 1996 (HIPAA) also includes an exemption for law enforcement and medical examiners.[2]

All original records will be returned to your office once the investigation has been completed. Thank you for your assistance.

_____
Signature (Custodian or Immediate Family Member)

_____
Printed Name

_____
Date

DEPARTMENT OF PUBLIC SAFETY

Dental Records Release Form

[1] **Statutory Chapter in New Mexico Statutes Annotated 1978**

29-15-8. Release of dental records; immunity.

A. At the time a missing person report is made, the law enforcement agency to which the missing person report is given shall provide a dental record release form to the custodian or immediate family member of the missing person. The law enforcement agency shall endorse the dental record release form with a notation that a missing person report has been made in compliance with the provisions of the Missing Persons Information Act [29-15-1 NMSA 1978]. When the dental record release form is properly completed by the custodian or immediate family member of the missing person and contains the endorsement, the form is sufficient to permit a dentist or physician in this state to release dental records relating to the missing person to the law enforcement agency.

B. A district court judge may for good cause shown authorize the release of dental records of a missing person to a law enforcement agency.

C. A dentist or physician who releases dental records to a person presenting a proper release executed or ordered pursuant to this section is immune from civil liability or criminal prosecution for the release of the dental records.

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[2]

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996 (HIPAA)

104th Congress
PUBLIC LAW 104-191
Code of Federal Regulations 45

Subpart C - Compliance and Enforcement

§164.512 Uses and disclosures for which consent, an authorization, or opportunity to agree or object is **not** required.

45 CFR 164.512 (g) HIPAA Exception for Law Enforcement
(f) Standard: Disclosures for law enforcement purposes.

(3) A covered entity may disclose protected health information in response to a law enforcement official's request for such information about an individual who is or is suspected to be a victim of a crime.

45 CFR 164.512(g) HIPAA Exemption for Medical Examiners and Coroners
(g) Standard: Uses and disclosures about decedents.

(1) Coroners and medical examiners. A covered entity may disclose protected health information to a coroner or medical examiner for the purpose of identifying a deceased person, determining a cause of death, or other duties as authorized by law.

MISSING PERSON NOTIFICATION
BIRTH CERTIFICATE FLAG REQUEST FORM
New Mexico Vital Records and Health Statistics
FAX (505) 827-1751

New Mexico Vital Records and Health Statistics
Post Office Box 26110
Santa Fe, NM 87502

Dear State Registrar:

This report is being sent to you in accordance with the New Mexico Missing Child Reporting Act, [Section 32A-14-2 NMSA 1978]. The act states that a law enforcement agency shall notify the State Registrar, **within 24-hours (by FAX)** of a reported missing child.

Upon Receipt of this notice, the State Registrar shall flag the missing child's birth certificate if the child was born in the State of New Mexico.

In accordance with statute, the **complete** missing child's birth information is provided:

Name of Child:	*First*	*Middle*	*Last Name*
Child's Date of Birth:	*Month/Day/Year*	**Place of Birth:**	*City, County,*
Birth Name of Mother:	*First*	*Middle*	*Maiden Last Name*
Name of Father ***or*** **Non-Custodial Parent:**	*First*	*Middle*	*Last Name*

NOTE: (If mother is unmarried, also provide the name of the Non-Custodial parent):

REPORTING LAW ENFORCEMENT AGENCY:

Date of Notice: _____ Case Number: _____

Law Enforcement Agency: _____

Mailing Address: _____

Contact Person and Title: _____

Telephone Number: _____

For New Mexico Vital Records and Health Statistics Use Only	
Date Flagged: _____	**File Number:** _____

LOCATED MISSING PERSON NOTIFICATION
BIRTH CERTIFICATE FLAG CANCELATION REQUEST FORM
New Mexico Vital Records and Health Statistics
FAX (505) 827-1751

New Mexico Vital Records and Health Statistics
Post Office Box 26110
Santa Fe, NM 87502

Dear State Registrar:

This report is being sent to you in accordance with the New Mexico Missing Child Reporting Act, [Section 32A-14-2 NMSA 1978]. The act states that a law enforcement agency shall notify the State Registrar, **within 24-hours (by FAX)** when a missing child has been located.

Upon Receipt of this notice, the State Registrar shall un-flag the missing child's birth certificate if the child was born in the State of New Mexico.

In accordance with statute, the **complete** missing child's birth information is provided:

Name of Child:	*First*	*Middle*	*Last Name*
Birth Name of Mother:	*First*	*Middle*	*Maiden Last Name*
Name of Father ***or*** **Non-Custodial Parent:**	*First*	*Middle*	*Last Name*

Child's Date of Birth:	*Month/Day/Year*	**Place of Birth:**	*City, County, State*

NOTE: (If mother is unmarried, also provide the name of the Non-Custodial parent):

REPORTING LAW ENFORCEMENT AGENCY:

Date of Notice: _____ Case Number: _____
Law Enforcement Agency: _____
Mailing Address: _____
Contact Person and Title: _____
Telephone Number: _____

For New Mexico Vital Records and Health Statistics Use Only	
Date Flagged: _____	**File Number:** _____

DEPARTMENT OF PUBLIC SAFETY
MISSING PERSON AMBER ALERT
REQUEST FORM

1-800-457-3463 505-901-7396

DPS.MISSINGPERSON@DPS.NM.GOV

MISSING PERSON NAME:			**DOB:**
HEIGHT:	**WEIGHT:**	**HAIR:**	**EYES:**
RACE/ETHNICITY:		**TRIBAL AFFILIATION:**	
HAIR COLOR/STYLE:			
CLOTHING DESCRIPTION:			
SCARS/MARKS/TATTOOS:			

ANSWER THE FOLLOWING QUESTIONS TO DETERMINE IF AMBER ALERT IS TO BE ACTIVATED

1. IS THE CHILD SEVENTEEN (17) YEARS OF AGE OR LESS? **YES** **NO**
2. IS THERE EVIDENCE THE CHILD IS BELIEVED TO BE IN IMMINENT DANGER OF SERIOUS BODILY HARM OR DEATH? **YES** **NO**
3. IS THERE SPECIFIC INFORMATION CONCERNING THE CHILD AND/OR ABDUCTOR **YES** **NO**

IF YOU ANSWERED **YES** TO **ALL** QUESTIONS, CONTACT NEW MEXICO STATE POLICE PIO AT (505)841-9256 TO REQUEST ALERT BE ISSUED. AVAILABLE 24 HOURS A DAY.

IF YOU ANSWERED **NO** TO ANY OF THE ABOVE QUESTIONS, AN AMBER ALERT CAN NOT BE ACTIVATED: CONTACT NMSP PIO TO DETERMINE IF ANOTHER ALERT IS APPROPRIATE.

MISSING CATEGORY:

NON-FAMILY/STRANGER ABDUCTION **PARENTAL/NON-CUSTODIAL ABDUCTION**

SUSPECT INFORMATION:

NAME:
PHYSICAL DESCRIPTION:
VEHICLE:
DIRECTION OF TRAVEL:

HANDELING OFFICER:
CASE #:
NIC #:

PHOTO MUST BE OBTAINED BEFORE ALERT IS ISSUED

EMAIL ALL FORMS TO DPS.MISSINGPERSON@DPS.NM.GOV
WITHIN 24 HOURS OF ENTRY

DEPARTMENT OF PUBLIC SAFETY

AMBER ALERT REPORT FORM

AGENCY INFORMATION:					
Officer's Name:			Contact #'s:		
Media Contact & Dept. PIO #'s:			District Office #:		
Check the Appropriate Box				YES	NO
1.	Is the child seventeen (17) years of age or less?			☐	☐
2.	Is there specific information concerning the child and/or abductor and is it available?			☐	☐
3.	Is there evidence and is the child believed to be in imminent danger of serious bodily harm or death?			☐	☐
**** DO NOT ACTIVATE IF YOU ANSWERED NO TO ANY OF THE ABOVE QUESTIONS.**					
4.	Has the child been entered into NCIC?			☐	☐
Missing Category:					
Non-Family Abduction: ☐	Parental Abduction: ☐	Other Abduction: ☐			
VICTIM INFORMATION:					
Missing Child #1:	Name:			DOB:	
Race:	Sex:	HGT:	WGT:	Eyes:	
Hair color, style, etc.:					
Clothing Description:					
Miscellaneous Information:					
Missing Child #2:	Name:			DOB:	
Race:	Sex:	HGT:	WGT:	Eyes:	
Hair color, style, etc.:					
Clothing Description:					
Miscellaneous Information:					

DEPARTMENT OF PUBLIC SAFETY

AMBER ALERT REPORT FORM

SUSPECT INFORMATION:				
Suspect Data #1	Name:			DOB:
Race:	Sex:	HGT:	WGT:	Eyes:
Hair color, style, etc.:				
Clothing description:				
Miscellaneous Information:				
Suspect Data #2	Name:			DOB:
Race:	Sex:	HGT:	WGT:	Eyes:
Hair color, style, etc.:				
Clothing description:				
Miscellaneous Information:				

Suspect Vehicle Data:			
License Plate Number:		State:	
Color:	Year:	Make:	Model:
Body Damage or other distinguishing details:			

ABDUCTION:	
City, County Last Seen in:	
Date & Time Last Seen:	
Circumstances:	
Attach Photo: (If Available)	

DEPARTMENT OF PUBLIC SAFETY

AMBER ALERT REPORT FORM

SCRIPT:
TO BE USED WHEN CALLING IN AN AMBER ALERT TO KKOB:
This is an emergency broadcast: At approximately (time) _____ AM/PM **today**, (date)_____ a man/woman by the name of; _____ , described as: (*age, ethnicity, descriptors*): _____ Abducted a _____ year old **male** ☐ **female** ☐ **child.** This child is described as (victim information): _____ The abductor was last seen in the area of _____ at _____ AM/PM and is driving the following vehicle.
Vehicle Information (if any)
The vehicle is a (color)_____ (year) _____ (make) _____ (model) _____ bearing (state) _____ (license plate number) _____ . Additional descriptors for the vehicle include;_____.
This is an **ABDUCTION**. Anyone with information should immediately call your local Law Enforcement Agency or ( ) . Thank You.

Point of Contact Information:	
Agency:	
Name:	
Phone number:	
Fax Number:	
E-mail:	

Amber Alert Checklist for Law Enforcement Agencies

- ☐ Call is received by a local agency of a possible abduction
- ☐ **Dispatch** gives out alert to all units of a possible abduction. Alert includes all information received from initial call.
- ☐ **Dispatch** assigns units to respond to scene of incident. All available resources should respond immediately and be devoted to the investigation and obtaining facts and developing information.
- ☐ Once abduction is verified on scene, the **dispatcher** should send out a teletype using the Amber Alert form in Messenger.
- ☐ Officers on scene should obtain a photo of the child, descriptors of the child, vehicle information, and suspect information. [Refer to NMSP "Attachment A – Amber Alert Form"]
- ☐ Immediately notify the local New Mexico State Police (NMSP) dispatch so they can start the Amber Alert notification. If agency has a public information officer (PIO), that officer should coordinate with NMSP PIOs and should begin gathering information to disseminate to the media.
- ☐ **Dispatch** entry should be made into NCIC as "MP Endangered" and setting the "MP Category" as "AA" (Amber Alert) to ensure the National Center for Missing and Exploited Children (NCMEC) is notified (Dispatch should have enough information received on the initial call to enter the missing person into NCIC, as this information should have been obtained on the initial call.). Remember, the NCIC entry as an Amber Alert triggers the NCMEC notification and the teletype notifies all law enforcement agencies.
- ☐ Notify the NCMEC Amber Alert Coordinator at 800-843-5678 of the pending Amber Alert. The NCMEC coordinator will then confirm the information with NMSP in order to issue notification.
- ☐ The report, teletype, and NCIC entry will be completed by the local law enforcement agency handling the call (or NMSP, if they are assigned the call). **In all Amber Alerts, NMSP is to be notified as quickly as possible.**
- ☐ Updates to the teletype should be made by **dispatch** as often as new information is received or information has changed.

Amber Alert Criteria

- ☐ There must be evidence of a non-family OR custodial abduction
- ☐ Of a Child 17 years of age or less
- ☐ There must be specific information concerning the abductor and/or child, which would prove useful to the public in hopes of recovering the child
- ☐ There must be reason to believe the child is in imminent danger of bodily harm or death
- ☐ The child must have already been entered in to NCIC as missing

Investigative Checklist for Law Enforcement When Helping Unsupervised and Runaway Children

National Center for Missing & Exploited Children®

OJJDP Office of Juvenile Justice and Delinquency Prevention
Office of Justice Programs ♦ U.S. Department of Justice

This Checklist provides an investigative framework for officers when coming in contact with unsupervised and/or runaway children[1] while on patrol. This information is offered to enhance the officer's ability to make educated decisions when helping to safeguard unsupervised and/or runaway children. Officers are encouraged to rely on the laws in their jurisdiction as well as their intuition and experience when making decisions regarding the best interest of the child and community.

Field Interview: Initial Phase

The initial phase of the field interview should be conducted in a manner so as to establish the child's statements, which will form the basis in assessing the child's level of risk.

- [ ] Conduct a field interview. If the child is in the company of other people, **separate** everyone before conducting the field interview(s).
- [ ] Obtain identifying information, such as name and address, and descriptors such as height, weight, and age. Remember the child may be reluctant to provide the information or may provide incorrect information.
- [ ] Query information obtained through the Federal Bureau of Investigation's (FBI) National Crime Information Center's (NCIC) database and the state/territorial law-enforcement system counterpart. If a record is located, determine the child's status, such as missing or a charged offense, and determine whether grounds exist to immediately place the child in protective custody and transport the child for proper investigative follow-up, placement, or disposition. If no record is located, proceed with the field interview.
- [ ] Develop a timeline of the child's **whereabouts** and **activities** by asking
  - [ ] Who have you associated with while on the street?
  - [ ] What is your relationship with this/these individual(s)?
  - [ ] Where have you stayed?
  - [ ] With whom have you stayed?
  - [ ] How long have you stayed with them?
  - [ ] How long have you spent time on the street, and what have you done while on the street?
- [ ] Ask the child, in a **direct** manner, if he or she is missing, he or she is a runaway, or it is **possible** someone may be looking for him or her. Focus on deviations in behavior, both verbal and non-verbal, exhibited by the child during this initial interview phase. Keep in mind the child may be deceptive or fail to disclose information due to concerns such as fear, intimidation, or threats of reprisal.
  - [ ] If the child indicates **yes**, consider placing him or her in protective custody and transporting him or her for proper investigative follow-up, placement, or disposition.
  - [ ] If the child indicates **no**, proceed with the second phase of the field interview.

Field Interview: Second Phase

An **in-depth** interview of the child should be conducted based on information obtained during the initial phase of the field interview in order to further **assess the child's level of risk** if allowed to remain unsupervised. Continue to look for discrepancies in information obtained in the initial phase of the field interview with information obtained during the second phase of the interview.

- [ ] Obtain **detailed** information about the child including
  - [ ] Full name.
  - [ ] Nickname(s).
  - [ ] Full physical description to include clothing, body piercings, tattoos, and any personal items such as a backpack and wireless device. **Note**: NCIC online searches should be conducted on personal items.
  - [ ] Date of birth/age. **Note**: Children 13 years old or younger do not have the survival skills necessary to protect themselves from exploitation on the streets.
  - [ ] Place of birth.
  - [ ] Addresses, both current and prior.
  - [ ] Home phone number.
  - [ ] Cell phone number.
  - [ ] Last time the child was **seen** at home.
  - [ ] Name of school attending or has attended.
  - [ ] Date last attended school.
  - [ ] Employment information, if the child is employed, including name, address, and phone number of the employer.
- [ ] Obtain full name, address, and home/business phone number(s) of last person/people to **see** the child at
  - [ ] Home.
  - [ ] School.

[1] In this Checklist the term "child" is used to refer to anyone younger than the age of 18 or the legal age of majority.

[ ] Ask the child if he or she is under the care of a doctor. If so obtain the doctor's name, address, and phone number.
[ ] Determine if the child is taking any prescription medication and/or other drugs, ranging from over-the-counter medications to illegal substances, and if he or she is in possession of any. Note any drug dependencies putting the child at risk.
[ ] Ask the child if he or she has been involved in or the victim of any crimes since leaving home. Potential risk factors and/or indicators of trafficking and exploitation include
    [ ] History of emotional, sexual, or other physical abuse.
    [ ] Signs of current physical abuse and/or sexually transmitted diseases.
    [ ] History of running away or current status as a runaway.
    [ ] Appearance of expensive gifts, clothing, or other costly items with no valid explanation of their source.
    [ ] Presence of an older boy-/girlfriend.
    [ ] Drug addiction.
    [ ] Withdrawal or lack of interest in previous activities.
    [ ] Gang involvement.
[ ] Ask the child for information about family members, both immediate and extended, including name, address, home/business phone number(s), and place(s) of employment.
[ ] Determine the relationship(s) the child has with the identified family members.
[ ] Identify and explore any dysfunctional relationships between family member(s) and the child. Keep in mind the child may have left home due to mental, physical, or sexual abuse or exploitation at the hands of a family member or individual otherwise known to the child.
[ ] Ask the child to provide names, addresses, and phone numbers of friends who live or lived nearby and those with whom he or she attends or attended school.
[ ] Identify and determine if the child is out of his or her zone of safety based on the child's age, the child's level of maturity, and environment in which the child is found. If so consider placing the child in protective custody and transporting the child for proper investigative follow-up, placement, or disposition.

Field Interview: Final Phase

Additional information must be obtained, based on the initial and secondary information gathered, in order to make a determination about allowing the child to remain unsupervised or placing the child in protective custody.

[ ] Ask communications to check for any prior contact or calls for service with the child or child's family members
[ ] Check with surrounding jurisdictions for prior contact with the child and the child's family members
[ ] Check with the National Center for Missing & Exploited Children® (NCMEC) at 1-800-THE-LOST® (1-800-843-5678) for previous intake or new intake of information regarding reports of missing and/or sexually exploited children
[ ] Check with the appropriate state/territorial missing-child (person) clearinghouse(s) for any prior contact with the child or the child's family members
[ ] Check with the National Runaway Switchboard at 1-800-RUNAWAY (1-800-786-2929)
[ ] Contact the National Human Trafficking Resource Center (NHTRC) at 1-888-373-7888 for assistance in cases of trafficking
[ ] Query NCIC utilizing non-unique identifiers
[ ] Check with social services for prior contact with the child or the child's family members
[ ] Check with homeless shelters for any prior contact with the child
[ ] Check with the person/people the child identified as the last one(s) to see him or her at home
[ ] Check with the person/people the child identified as the last one(s) to see him or her at school
[ ] Check with the child's family members to obtain additional information about the child
[ ] Check with the child's friends to obtain additional information about the child
[ ] Check with the child's school to obtain additional information about the child
[ ] Check with the child's place of employment, if employed, to obtain additional information about the child

This Checklist should be used in conjunction with NCMEC's *Investigative Checklist for First Responders* and *Missing-Child, Emergency-Response, Quick-Reference Guide for Families* to help ensure a thorough investigation. These Checklists may be viewed, downloaded, and ordered from the "More Publications" section of NCMEC's website at www.missingkids.com.

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DEPARTMENT OF PUBLIC SAFETY
MISSING PERSON SILVER ALERT
REQUEST FORM

1-800-457-3463

DPS.MISSINGPERSON@DPS.NM.GOV

MISSING PERSON NAME:			**DOB:**
HEIGHT:	**WEIGHT:**	**HAIR:**	**EYES:**
RACE/ETHNICITY:		**TRIBAL AFFILIATION:**	
HAIR COLOR/STYLE:			
CLOTHING DESCRIPTION:			
SCARS/MARKS/TATTOOS:			

ANSWER THE FOLLOWING QUESTIONS TO DETERMINE IF A SILVER ALERT NEEDS TO BE ACTIVATED

1. IS THE MISSING PERSON 50 YEARS OF AGE OR OLDER? **YES** **NO**

2. THE REPORTING PARTY BELIEVES THE MISSING PERSON DISPLAYS SIGNS OR SYMPTOMS OF ALZHEIMER'S DISEASE OR ANOTHER FORM OF DEMENTIA, COGNITIVE DECLINE OR IMPAIRMENT, REGARDLESS OF AGE;

YES **NO**

IF YOU ANSWERED **YES** TO EITHER QUESTION, CONTACT THE NEW MEXICO STATE POLICE PIO AT (505) 841-9256 DETERMINE IF AN ALERT CAN BE ISSUED. AVAILABLE 24 HOURS A DAY.
IF YOU ANSWERED **NO** TO BOTH OF THE QUESTIONS, A SILVER ALERT CAN NOT BE ACTIVATED: HOWEVER YOU MAY CONTACT NMSP PIO TO DETERMINE IF ANOTHER ALERT IS APPROPRIATE.

MISSING CATEGORY:
DISABILITY **CAUTION** **INVOLUNTARY**

MODE OF TRAVEL:
VEHICLE DESCRIPTION:
DIRECTION OF TRAVEL:

HANDELING OFFICER:
CASE #:
NIC #:

PHOTO MUST BE OBTAINED BEFORE ALERT IS ISSUED

- MUST BE WITHIN 5 YEARS
- NO FILTERS (i.e. bunny ears, dog nose)
- CLEAR VIEW OF FACE

EMAIL ALL FORMS TO DPS.MISSINGPERSON@DPS.NM.GOV
WITHIN 24 HOURS OF ENTRY

New Mexico Department of Public Safety

Silver Alert Report Form

Missing Persons Name: _____

Last **First** **Middle**

Date Missing:_____ Time: _____ AM/PM Race:_____ Sex: M ○ F ◉

Place of Birth:_____ Age:_____ Date of Birth:_____

Height:_____ Weight:_____ Eye Color:_____ Hair Color:_____ Skin:_____

Scars/Marks/Tattoos:_____

Social Security Number:_____ Driver's License #:_____

Driver's License State:_____ Driver's License Year:_____

Blood Type:_____ Fingerprints Available: (where)_____

Distinguishing Features/Unique Characteristics (limp, jewelry, glasses, etc….):

_____

_____

_____

_____

Dental Records Available? Yes No Where? _____

Medical Records Available? Yes No Where? _____

Mental State (depressed, suicidal, etc…..): _____

Medical History: _____

Location Last Seen: _____

Possible Destination (city, state): _____

Last seen wearing:

Hobbies & Interests: _____

_____

Vehicle Information:

Year: _____ Make:_____ Model:_____ Color: _____

License plate # and state: _____

Acquaintance: (possibly with)

Name: _____

Last **First** **Middle**

Age:_____ Date of Birth:_____ Race:_____ Sex: M ○ F ◉

Social Security Number:_____ Height:_____ Weight:_____

Eye Color:_____ Hair Color:_____ Skin:_____

Scars/Marks/Tattoos and distinguishing Features/Unique Characteristics (limp, jewelry, glasses, etc….):

_____
_____
_____
_____

Additional Information:

_____
_____
_____
_____
_____

DEPARTMENT OF PUBLIC SAFETY
MISSING PERSON BRITTANY ALERT
REQUEST FORM

1-800-457-3463 505-901-7396

DPS.MISSINGPERSON@DPS.NM.GOV

MISSING PERSON NAME:			**DOB:**
HEIGHT:	**WEIGHT:**	**HAIR:**	**EYES:**
RACE/ETHNICITY:		**TRIBAL AFFILIATION:**	
HAIR COLOR/STYLE:			
CLOTHING DESCRIPTION:			
SCARS/MARKS/TATTOOS:			

ANSWER THE FOLLOWING QUESTIONS TO DETERMINE IF BRITTANY ALERT IS TO BE ACTIVATED

1. IS THERE A CLEAR INDICATION THAT THE MISSING PERSON HAVE A DEVELOPMENTAL DISABILITY? **YES** **NO**
2. IS THE MISSING PERSON'S HEALTH OR SAFETY AT RISK? **YES** **NO**

IF YOU ANSWERED **YES** TO **ALL** QUESTIONS, CONTACT NEW MEXICO STATE POLICE PIO AT (505)841-9256 TO REQUEST ALERT BE ISSUED. AVAILABLE 24 HOURS A DAY.
IF YOU ANSWERED **NO** TO ANY OF THE ABOVE QUESTIONS, A BRITTANY ALERT CAN NOT BE ACTIVATED: CONTACT NMSP PIO TO DETERMINE IF ANOTHER ALERT IS APPROPRIATE.

MISSING CATEGORY:
DISABILITY **CAUTION** **INVOLUNTARY**

MODE OF TRAVEL:
VEHICLE DESCRIPTION:
DIRECTION OF TRAVEL:

HANDELING OFFICER:
CASE #:
NIC #:

PHOTO MUST BE OBTAINED BEFORE ALERT IS ISSUED

- MUST BE WITHIN 5 YEARS
- NO FILTERS (i.e. bunny ears, dog nose)
- CLEAR VIEW OF FACE

EMAIL ALL FORMS TO DPS.MISSINGPERSON@DPS.NM.GOV
WITHIN 24 HOURS OF ENTRY

DEPARTMENT OF PUBLIC SAFETY
MISSING PERSON TURQUOISE ALERT REQUEST FORM

1-800-457-3463

DPS.MISSINGPERSON@DPS.NM.GOV

MISSING PERSON NAME:			**DOB:**
HEIGHT:	**WEIGHT:**	**HAIR:**	**EYES:**
RACE/ETHNICITY:		**TRIBAL AFFILIATION:**	
HAIR COLOR/STYLE:			
CLOTHING DESCRIPTION:			
SCARS/MARKS/TATTOOS:			

ANSWER THE FOLLOWING QUESTIONS TO DETERMINE IF THE TURQUOISE ALERT IS TO BE ACTIVATED

1. IS THE PERSON AN ENROLLED MEMBER OR ELIGIBLE FOR ENROLLMENT IN A FEDERALLY OR STATE-RECOGNIZED INDIAN NATION, TRIBE OR PUEBLO? **YES** **NO**

2. IS THE PERSON MISSING DUE TO INVOLUNTARY, OR UNEXPLAINED OR SUSPICIOUS CIRCUMSTANCES? **YES** **NO**

3. IS THE PERSON AT RISK DUE TO SAFETY OR HEALTH CONCERNS? **YES** **NO**

4. DOES THE PERSON SUFFER FROM A MENTAL OR PHYSICAL DISABILITY OR SUBSTANCE ABUSE DISORDER? **YES** **NO**

5. CELLULAR ALERT-AFTER A DETERMINATION BY THE DEPARTMENT OF PUBLIC SAFETY OR THE LEAD INVESTIGATING LAW ENFORCEMENT AGENCY THAT THERE IS EVIDENCE OF IMMINENT DANGER OF SERIOUS BODILY HARM TO OR DEATH OF THE MISSING PERSON AND THAT THERE IS ENOUGH DESCRIPTIVE INFORMATION ABOUT THE MISSING PERSON TO ASSIST IN LOCATING THAT PERSON. **YES** **NO**

IF YOU ANSWERED **YES** TO QUESTIONS 1 & 2 OR 1 & 3 OR 1 & 4 OR 1 & 5 CONTACT NEW MEXICO STATE POLICE PIO AT (505)841-9256 TO DETERMINE IF AN ALERT CAN BE ISSUED. AVAILABLE 24 HOURS A DAY. IF YOU ANSWERED **NO** TO QUESTION 1, A TURQOUISE ALERT CANNOT BE ACTIVATED. HOWEVER, IF YOU ANSWERED **YES** TO QUESTIONS 2-5, PLEASE CONTACT NEW MEXICO STATE POLICE PIO AT (505)841-9256 TO DETERMINE IF ANOTHER ALERT IS APPROPRIATE. AVAILABLE 24 HOURS A DAY.

MISSING CATEGORY:

DISABILITY **CAUTION** **INVOLUNTARY**

MODE OF TRAVEL:

VEHICLE DESCRIPTION:

DIRECTION OF TRAVEL:

HANDELING OFFICER:

CASE #:

NIC #:

PHOTO MUST BE OBTAINED BEFORE ALERT IS ISSUED

- MUST BE WITHIN 5 YEARS
- NO FILTERS (i.e. bunny ears, dog nose)
- CLEAR VIEW OF FACE

EMAIL ALL FORMS TO DPS.MISSINGPERSON@DPS.NM.GOV
WITHIN 24 HOURS OF ENTRY

DEPARTMENT OF PUBLIC SAFETY
MISSING PERSON ENDANGERED ALERT REQUEST FORM

1-800-457-3463 505-901-7396

DPS.MISSINGPERSON@DPS.NM.GOV

MISSING PERSONS CLEARINGHOUSE

MISSING PERSON NAME: **DOB:**

HEIGHT: **WEIGHT:** **HAIR:** **EYES:**

RACE/ETHNICITY: **TRIBAL AFFILIATION:**

HAIR COLOR/STYLE:

CLOTHING DESCRIPTION:

SCARS/MARKS/TATTOOS:

ANSWER THE FOLLOWING QUESTIONS TO DETERMINE IF ENDANGERED ALERT IS TO BE ACTIVATED

"Endangered person means a missing person who":

1. IS IN IMMINENT DANGER OF CAUSING HARM TO THE PERSONS'S SELF? **YES** **NO**
2. IS IN IMMINENT DANGER OF CAUSING HARM TO ANOTHER? **YES** **NO**
3. IS IN IMMINET DANGER OF BEING HARMED BY ANOTHER OR HAS BEEN HARMED BY ANOTHER? **YES** **NO**
4. HAS BEEN THE VICTIM OF A CRIME AS PROVIDED IN THE CRIMES AGAINST HOUSEHOLD MEMBER ACT OR IN SECTION 30-3A-3 OR 30-3A-3.1 NMSA 1978, OR THE EQUIVALENTS IN ANY OTHER JURISDICTION? **YES** **NO**
5. IS OR WAS PROTECTED BY AN ORDER OF PROTECTION PURSUANT TO THE FAMILY PROTECTION ACT? **YES** **NO**
6. HAS ALZHEIMER'S DISEASE, DEMENTIA OR ANOTHER DEGENERATIVE BRAIN DISORDER OR BRAIN INJURY; OR **YES** **NO**
7. HAS A DEVELOPMENTAL DISABILITY AS DEFINED IN SUBSECTION A OF SECTION 28-16A-6 NMSA 1978 AND THAT PERSON'S HEALTH OR SAFETY IS AT RISK? **YES** **NO**

CONTACT NEW MEXICO STATE POLICE PIO AT (505)841-9256 TO REQUEST ENDANGERED ALERT BE ISSUED. AVAILABLE 24 HOURS A DAY.

MISSING CATEGORY:

DISABILITY **CAUTION** **INVOLUNTARY**

MODE OF TRAVEL:

VEHICLE DESCRIPTION:

DIRECTION OF TRAVEL:

HANDELING OFFICER:

CASE #:

NIC #:

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