North Carolina Department of Public Safety Blue Alert Request Form

Call 1(800) 522-5437

MAXIMUM ACTIVATION - 24 HOURS

Requesting Agency Information		Activation Crit	teria:		
*Required Fields in red □ INITIAL □	l with an asterisk UPDATE	1. A law enforcem an offender?	ent officer must ha	ve been killed or s	seriously injured by
* Request		☐ YES	□ NO		
* Date of Request		The investigating law enforcement agency must determine that the offender poses a serious risk or threat to the public and other law enforcement personnel?			
* Name of Reporting Age	ncy	☐ YES	□ NO		
* Contact number for Reporting Agency		3. A detailed description of the offender's vehicle, vehicle tag, or partial tag must be available for broadcast to the public?			
* Fax number for Reporting Agency		☐ YES ☐ NO			
* Name/Title of Investigating Officer		4. The investigating law enforcement agency of jurisdiction must recommend activation of the Blue Alert to the State Operations Center (North Carolina Division of Emergency Management)?			
* Cell phone number for I	nvestigating Officer	☐ YES	□ NO		
* Phone number for med	lia inquiries				
❖ IMPORTANT: Do NOT send the BLUE ALERT request if the answer is NO to ANY of these questions. If activated, the request is only valid for a period of 24 hours. All requests for extension must be accomplished prior to the end of the current 24-hour period. Contact (1(800) 522-5437 for all requests for extensions.					
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Incident Date:	11(000) 022 0 107 101 411 100	Time:			
	11(000) 022 0 107 101 411 100				
Incident Date:					
Incident Date: Incident Location:					
Incident Date: Incident Location: INJURED/DECEASED O		Time:	Which One Applies:	Injured	Deceased
Incident Date: Incident Location: INJURED/DECEASED O		Time:		Injured	Deceased
Incident Date: Incident Location: INJURED/DECEASED O Name: Rank/Title:	OFFICER DATA:	Time:		Injured	Deceased
Incident Date: Incident Location: INJURED/DECEASED O Name: Rank/Title: Agency:	OFFICER DATA:	Time:		·	Deceased
Incident Date: Incident Location: INJURED/DECEASED O Name: Rank/Title: Agency: Nature of Injury (If Injured)	OFFICER DATA:	Time: *Check \	Which One Applies:	·	Deceased
Incident Date: Incident Location: INJURED/DECEASED O Name: Rank/Title: Agency: Nature of Injury (If Injured Check Which One Applie	OFFICER DATA:	Time: *Check \	Which One Applies:	·	Deceased
Incident Date: Incident Location: INJURED/DECEASED O Name: Rank/Title: Agency: Nature of Injury (If Injured Check Which One Applie	DFFICER DATA: d): s: Local LEO	Time: *Check \	Which One Applies:	·	Deceased
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Incident Date: Incident Location: INJURED/DECEASED OF Name: Rank/Title: Agency: Nature of Injury (If Injured Check Which One Applies SUSPECT DATA Name (If Known): Last Known Location of S	DFFICER DATA: S): s: Local LEO Suspect/Offender:	*Check \	Which One Applies: Federal LEC)	
Incident Date: Incident Location: INJURED/DECEASED O Name: Rank/Title: Agency: Nature of Injury (If Injured Check Which One Applie SUSPECT DATA Name (If Known): Last Known Location of S Age: DOB:	DEFFICER DATA: d): s: Local LEO Suspect/Offender: Weight: Clothing Description:	*Check \	Which One Applies: Federal LEC)	
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Incident Date: Incident Location: INJURED/DECEASED O Name: Rank/Title: Agency: Nature of Injury (If Injured Check Which One Applied SUSPECT DATA Name (If Known): Last Known Location of Stage: DOB: Race: Unique Physical Character	DEFFICER DATA: d): s: Local LEO Suspect/Offender: Weight: Clothing Description:	*Check \	Which One Applies: Federal LEC)	
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Request Form

Instructions:

Submit Request via Fax

1. All request forms can be completed online using **Internet Explorer and Safari**. All other Internet browsers will require the user to save the request form to the desktop and complete using **Adobe Reader**.

If you do not have Adobe Reader, you can get a free version here.

- 2. Once the request form has been completed online or in Adobe Reader, save the final version to the desktop.
- 3. Print the request form and fax it to 919-733-8134.
- 4. Contact the NC Center for Missing Persons at 1(800) 522-5437 to verify receipt of the faxed request.

