TEXAS DEPARTMENT OF PUBLIC SAFETY
BLUE ALERT REQUEST FORM
Fax (512) 424-2281 or (512) 451-2291; and Call (512) 424-2277 or 2208
MAXIMUM ACTIVATION - 24 HOURS

<table>
<thead>
<tr>
<th>Requesting Agency Information</th>
<th>YES</th>
<th>NO</th>
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<tbody>
<tr>
<td>Name of Requesting Agency</td>
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<tr>
<td>Name/Title of Investigating Officer</td>
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<td>Contact number for Investigating Officer</td>
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<tr>
<td>Fax number for requesting agency</td>
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| Public Information Office Contact Number | | |

1. A law enforcement officer must have been killed or seriously injured by an offender?
2. The investigating law enforcement agency must determine that the offender poses a serious risk or threat to the public and other law enforcement personnel?
3. A detailed description of the offender's vehicle, vehicle tag, or partial tag must be available for broadcast to the public?
4. The investigating law enforcement agency of jurisdiction must recommend activation of the Blue Alert to the State Operations Center (Texas Division of Emergency Management)?

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. You will be contacted after 12 hours, 18 hours, and 23 hours in which you may decide to request an extension. All requests for extension must be accomplished on or before the last 23 hour reminder from the State Operations Center. Contact (512) 424-2277 or 2208 for all requests for extensions.

Incident Date: _____________________________________ Time: __________________________

Incident location: ________________________________________________________________

INJURED/DECEASED OFFICER DATA:

Name: ________________________________________________________________________
Rank/Title ____________________________ *Check Which One Applies: Injured ( ) Deceased ( )
Agency: ________________________________________________________________________
Nature of Injury (If Injured): ______________________________________________________
*Check Which One Applies: Local LEO ( ) State LEO ( ) Federal LEO ( )

SUSPECT DATA:

Name (If Known): ________________________________________________________________________
Last Known Location of Suspect/Offender: __________________________________________________
Age: _____ DOB: __________ Weight: _____ Height: _____ Eyes: ______ Hair: ______ Sex: ______
Race: ________ Clothing Description: ______________________________________________________
Unique Physical Characteristics: __________________________________________________________

VEHICLE DATA:

Make: __________________________ Model: __________________________ Year: __________ Color: __________
LP-State: ______________________ LP-Number: __________________________
Any other descriptors: ________________________________________________________________

TDEM-52 08/14/08