

AMBER Alert Activation Form

CRITERIA FOR ACTIVATION:

The AMBER Alert requires an executive officer at a participating law enforcement agency to verify all four (4) specific criteria listed below have been satisfied.

Please check off the following items for your alert:

_____ The child is under eighteen (18) years of age.

_____ There is credible information that suggests that the child was forcibly or intentionally removed or lured away from their location and remains missing.

_____ The law enforcement agency believes the child in in danger of serious bodily harm or death

_____ There is enough descriptive information about the child, and/or alleged abductor(s), and/or alleged abductor's vehicle to believe and immediate broadcast alert will help.

If the above criteria are not met, agencies should proceed to the "ENDANGERED ALERT" issuance.

If an ENDANGERED ALERT is issued and later the above four (4) criteria are met, the agency should then issue the AMBER ALERT.

Requesting Agency _____

Authorized by _____

Title / Name

Signature/title of authorizing official _____

Note: Print all forms onto agency letterhead

URGENT FAX

REQUESTING AGENCY: _____ DATE: _____ TIME: _____

AUTHORIZED BY: _____ CALL BACK #: _____ PIO: _____

MISSING CHILD'S NAME: _____ DOB: _____ AGE: _____ SEX: _____

HEIGHT: _____ WEIGHT: _____ RACE: _____ HAIR: _____ EYES: _____

SCARS, MARKS, TATTOOS or ADDITIONAL PHYSICAL OR MENTAL CONDITION
INFORMATION: _____

CLOTHING DESCRIPTION: _____

PLACE OF OCCURRENCE (IF KNOWN) OR LOCATION LAST SEEN: _____

DATE LAST SEEN: _____ TIME LAST SEEN: _____ PHOTO: YES: _____ NO: _____

AMBER ALERT CUYAHOGA COUNTY BILLBOARD INFORMATION (OPTIONAL)

PAGE 1 TEXT VICTIM INFORMATION	LINE 0	ABDUCTED (AGE) YR OLD	18 CHARACTERS
	LINE 1	GIRL/BOY (NAME OF CHILD)	18 CHARACTERS
	LINE 2	LAST SEEN IN (NAME OF CITY)	18 CHARACTERS

PAGE 2 TEXT SUSPECT INFORMATION	LINE 0	SUSPECT (NAME OF SUSPECT) AGE SEX	21 CHARACTERS
	LINE 1	DRIVING YEAR, MAKE, MODEL, COLOR	21 CHARACTERS
	LINE 2	PLATE # (PLATE NUMBER)	17 CHARACTERS

* All words in bold regarding victim/suspect must be included in text and deducted from total character amount.

24/7 CECOMS Contact Numbers:
VOICE: (216) 771-1363 / FAX: (216) 443-5705

AMBER ALERT ALLEGED ABDUCTOR(S) INFORMATION SHEET

NAME OF ALLEGED ABDUCTOR INVOLVED (IF KNOWN): _____

LAST KNOWN ADDRESS: _____

DOB: _____ AGE: _____ RACE: _____ HEIGHT: _____

WEIGHT: _____ EYES: _____ HAIR: _____ SEX: _____

OR DESCRIPTION: _____

RELATIONSHIP TO VICTIM OR FAMILY: YES: _____ NO: _____ HOW: _____

DESCRIPTION OF OTHER ALLEGED ABDUCTOR: _____

DESCRIPTION OF VEHICLE(S): YEAR: _____ MAKE: _____ MODEL: _____
COLOR: _____ PLATE # AND STATE: _____

OTHER PERTINENT INFORMATION OF VEHICLE: _____

OTHER MEANS OF TRANSPORTATION USED: _____

DIRECTION OF TRAVEL (IF KNOWN): _____

OTHER INFORMATION: _____

PLEASE CONTACT THE _____ AT _____
LAW ENFORCEMENT AGENCY PHONE NUMBER

FAX: _____ EMAIL ADDRESS: _____

AUTHORIZED BY: _____

AMBER Alert Cancellation Form

Upon the confirmed recovery of the child by any law enforcement agency the following page shall be completed.

The requesting agency shall immediately call CECOMS at (216) 771-1363 and advise them of the cancellation.

PLEASE CANCEL THE AMBER ALERT FROM THE: _____
LAW ENFORCEMENT AGENCY/DEPARTMENT

MISSING CHILD'S NAME: _____

DISPOSITION OF INFORMATION: _____

CONCLUSION: _____

THE _____ THANKS EVERYONE FOR THEIR HELP AND
LAW ENFORCEMENT AGENCY

SUPPORT.

AUTHORIZED BY: _____
TITLE AND NAME

DATE: _____ TIME: _____

24/7 CECOMS Contact Numbers:
VOICE: (216) 771-1363 / FAX: (216) 443-5705

URGENT FAX

ALPR Vehicle Entry/Removal Form

Requesting Agency: _____

Date: _____ Time: _____

Reason for request:

Vehicle Information

ADD Remove

Vehicle Description: _____

License Plate Number: _____

Authorizing Authority

Authorized By: _____

Signature: _____

Date: _____

Please fax the completed form to fax to (216) 443-5705. Also follow-up with a phone call to confirm receipt at (216) 771-1363.