

# CECOMS

## AMBER Alert Activation Packet

**Complete the following pages in chronological order**

### Pre-AMBER Alert Activation Check List

The following items should be completed PRIOR to the issuance of your AMBER Alert:

		Initial
1.	Call CECOMS at (216) 771-1363 to advise you will be issuing an AMBER Alert CECOMS call taker will activate their alert protocol awaiting completion of this packet. E-mail this completed packet to <a href="mailto:DL-JS-PublicSafety-CECOMS@cuyahogacounty.us">DL-JS-PublicSafety-CECOMS@cuyahogacounty.us</a> and Fax 216-443-5705	_____
2.	Complete LEADS missing juvenile entry form using the AA code	_____
3.	Obtain cellular telephone number and carrier (if known) of the victim(s) and suspect(s) for location pinging (see page 5)	_____
4.	Prepare your call center to receive a high volume of calls and inquiries (call in additional dispatchers, officers, etc. to man your phone bank)	_____
5.	Obtain most current photos of child or children – be sure to label photo(s) with name(s) e-mail photos to <a href="mailto:DL-JS-PublicSafety-CECOMS@cuyahogacounty.us">DL-JS-PublicSafety-CECOMS@cuyahogacounty.us</a>	_____
6.	Obtain photos of suspect – be sure to label photo(s) with name(s) e-mail photos to <a href="mailto:DL-JS-PublicSafety-CECOMS@cuyahogacounty.us">DL-JS-PublicSafety-CECOMS@cuyahogacounty.us</a>	_____
7.	Obtain photos of suspect vehicle (if not available provide replica photo) e-mail photos to <a href="mailto:DL-JS-PublicSafety-CECOMS@cuyahogacounty.us">DL-JS-PublicSafety-CECOMS@cuyahogacounty.us</a>	_____
8.	<u>OPTIONAL</u> depending on agency policy / protocol: Contact your local Child Abduction Response Team (CART) or CERT Team	_____

**Upon completion of this page proceed to the next page to begin your alert.**

**All pages hereafter should be printed on agency letterhead and scanned to [DL-JS-PublicSafety-CECOMS@cuyahogacounty.us](mailto:DL-JS-PublicSafety-CECOMS@cuyahogacounty.us) or fax to (216) 443-5705**

# AMBER Alert Activation Form

## CRITERIA FOR ACTIVATION:

The AMBER Alert requires an executive officer (or designee) 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 by calling CECOMS at (216) 771-1363.

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

Requesting Agency \_\_\_\_\_

Authorized by \_\_\_\_\_  
Title / Name

Signature/title of authorizing official \_\_\_\_\_

**PAGE 1 OF 4 MANDATORY FORMS**

**24/7 CECOMS Contact Numbers:**

**VOICE: (216) 771-1363 / FAX: (216) 443-5705**

**Activation Page 2**

# URGENT INFORMATION

## MUST BE TYPED

Requesting Agency: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Authorized by: \_\_\_\_\_ Call back #: \_\_\_\_\_ PIO: \_\_\_\_\_

## MISSING / ABDUCTED CHILD INFORMATION

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:      e-mail photos to [DL-JS-PublicSafety-CECOMS@cuyahogacounty.us](mailto:DL-JS-PublicSafety-CECOMS@cuyahogacounty.us)

Check here if there is more than one child abducted. If so, repeat the use of this page

**PAGE 2 OF 4 MANDATORY FORMS**

**24/7 CECOMS Contact Numbers:**  
**VOICE: (216) 771-1363 / FAX: (216) 443-5705**  
**Activation Page 3**

**AMBER ALERT ALLEGED ABDUCTOR(S) INFORMATION SHEET**

**MUST BE TYPED**

Suspect's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Last known address: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Race: \_\_\_\_\_ Hair: \_\_\_\_\_ Eyes: \_\_\_\_\_

Scars, marks, tattoos or additional physical or mental condition information:

Clothing description:

Relationship to victim or family: Yes      No      How \_\_\_\_\_

E-mail photos of suspect to [DL-JS-PublicSafety-CECOMS@cuyahogacounty.us](mailto:DL-JS-PublicSafety-CECOMS@cuyahogacounty.us)

Check here if there is more than suspect. If so, repeat the use of this page

**DESCRIPTION OF VEHICLE**

License plate: \_\_\_\_\_ State: \_\_\_\_\_

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_

Other pertinent information of vehicle \_\_\_\_\_

Other means of transportation used \_\_\_\_\_

Direction of travel (if known) \_\_\_\_\_

Other information

Check here if there is more than one suspect or vehicle involved. If so, repeat the use of this page

**PAGE 3 OF 4 MANDATORY FORMS**

**24/7 CECOMS Contact Numbers:**  
**VOICE: (216) 771-1363 / FAX: (216) 443-5705**  
**Activation Page 4**

# URGENT REQUEST

## Cellular Telephone Ping Request

When requested, agencies will receive cellular telephone location for 24 to 48 hours or until the child is located.

Requesting Agency: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Reason for request: **AMBER Alert**

### Cellular Telephone Information

Mobile number: \_\_\_\_\_ Carrier (if known) \_\_\_\_\_

Mobile number: \_\_\_\_\_ Carrier (if known) \_\_\_\_\_

Mobile number: \_\_\_\_\_ Carrier (if known) \_\_\_\_\_

### Authorizing Authority

Authorized By: \_\_\_\_\_  
(Title and name)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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Please scan to [DL-JS-PublicSafety-CECOMS@cuyahogacounty.us](mailto:DL-JS-PublicSafety-CECOMS@cuyahogacounty.us)

If unable to scan, fax the completed form to (216) 443-5705 after scanning/faxing, contact CECOMS at (216) 771-1363 to confirm receipt.

**24/7 CECOMS Contact Numbers:**  
**VOICE: (216) 771-1363 / FAX: (216) 443-5705**  
**Activation Page 5**

**EXACT MESSAGE TO BE TRANSMITTED**

**This message will be read over the Emergency Alert System (radio, television)**

**MUST BE TYPED**

“The \_\_\_\_\_ in \_\_\_\_\_ County has issued an AMBER Alert

Victim name and age \_\_\_\_\_ years of age

Missing from \_\_\_\_\_

Last seen (place) \_\_\_\_\_

Last seen wearing (clothing descriptors)  
\_\_\_\_\_

The suspect is (if known) \_\_\_\_\_

The involved vehicle (if known) \_\_\_\_\_

License plate and state \_\_\_\_\_

Miscellaneous notes to be read (i.e. direction of travel, possible destination, other identifiers, etc.)

Anyone having information on this abduction please call the  
\_\_\_\_\_ at \_\_\_\_\_ or dial 911.  
Department

Repeating, anyone having information on this abduction please call the  
\_\_\_\_\_ at \_\_\_\_\_ or dial 911.  
Department

**PAGE 4 OF 4 MANDATORY FORMS**

**24/7 CECOMS Contact Numbers:**  
**VOICE: (216) 771-1363 / FAX: (216) 443-5705**  
**Activation Page 6**

# ALPR Vehicle Entry Form

Requesting Agency: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Reason for request: **AMBER Alert**

## Vehicle Information

Vehicle Description: \_\_\_\_\_

\_\_\_\_\_

License Plate Number: \_\_\_\_\_ License Plate State \_\_\_\_\_

## Authorizing Authority

Authorized By: \_\_\_\_\_

(Title and name)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_

Please scan to [DL-JS-PublicSafety-CECOMS@cuyahogacounty.us](mailto:DL-JS-PublicSafety-CECOMS@cuyahogacounty.us)

If unable to scan, fax the completed form to (216) 443-5705 after scanning/faxing, contact CECOMS at (216) 771-1363 to confirm receipt.

# **NOTICE:**

## **The next two pages are the AMBER ALERT CANCELLATION**

Forms need to be printed onto agency letterhead.

These should be scanned/faxed upon the child being located.

Please Scan to [DL-JS-PublicSafety-CECOMS@cuyahogacounty.us](mailto:DL-JS-PublicSafety-CECOMS@cuyahogacounty.us) (if available  
to scan fax to (216) 443-5705

After faxing, contact CECOMS at (216) 771-1363 to confirm receipt.

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



# AMBER ALERT CANCELLATION

Please cancel the AMBER Alert from the \_\_\_\_\_  
Department

Missing child's name \_\_\_\_\_

Disposition of information

Conclusion:

The \_\_\_\_\_ wishes to thank everyone for their help and support.  
Department

Authorized by \_\_\_\_\_ Date \_\_\_\_\_  
Title and name

Time \_\_\_\_\_

# ALPR Vehicle Removal Form

Requesting Agency: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Reason for request: **AMBER Alert**

## Vehicle Information

Vehicle Description: \_\_\_\_\_

License Plate Number: \_\_\_\_\_ License Plate State \_\_\_\_\_

## Authorizing Authority

Authorized By: \_\_\_\_\_  
(Title and name)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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Please scan to [DL-JS-PublicSafety-CECOMS@cuyahogacounty.us](mailto:DL-JS-PublicSafety-CECOMS@cuyahogacounty.us) (if unable to scan fax the completed form to (216) 443-5705)

After scanning/faxing, contact CECOMS at (216) 771-1363 to confirm receipt.