CECOMS AMBER Alert Activation Packet

Complete the following pages in chronological order

Pre-AMBER Alert Activation Check List

The following items should be completed <u>PRIOR</u> 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 <u>DL-JS-PublicSafety-CECOMS@cuyahogacounty.us</u> and Fax 216-443-5705	
2.	Complete LEADS missing juvenile entry form using the AA code If you have LEADS AA issues, call the OSP watch desk at 614-799-6633	
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 <u>DL-JS-PublicSafety-CECOMS@cuyahogacounty.us</u>	
6.	Obtain photos of suspect – be sure to label photo(s) with name(s) e-mail photos to <u>DL-JS-PublicSafety-CECOMS@cuyahogacounty.us</u>	
7.	Obtain photos of suspect vehicle (if not available provide replica photo) e-mail photos to <u>DL-JS-PublicSafety-CECOMS@cuyahogacounty.us</u>	
8.	OPTIONAL 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 <u>DL-JS-PublicSafety-CECOMS@cuyahogacounty.us</u> 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 is 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

Email Address

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

<u>MUST BE TYPEI</u>	<u>)</u>						
Requesting Agene	су:		Dat	e:	Time:		
Authorized by:Call back #			¢:	PIO:			
	MISSI	NG / ABDUCTE	ED CHILD II	NFORMATI	ON		
Missing Child's N	lame:		DOB:Age:				
Sex:	Height:	Weight:	Race:	Hair:	Eyes:		
Scars, marks, tattoos or additional physical or mental condition information:							
Clothing descripti	on:						
Place of occurrence (if known) or location last seen:							
Date last seen:		Time last seen:					
Photo: Yes:	No:	e-mail photos t	o <u>DL-JS-Public</u>	Safety-CECOM	<u>S@cuyahogacounty.us</u>		
Check here	if there is more t	han one child abdu	icted. If so, rep	eat the use of the	is page		

PAGE 2 OF 4 MANDATORY FORMS

AMBER ALERT ALLEGED ABDUCTOR(S) INFORMATION SHEET <u>MUST BE TYPED</u>

Suspect's Name:		DOB:	Age:	Sex:
Last known address:				
Height: Weight:	Race:	Hair:	Eyes:	-
Scars, marks, tattoos or additional physical or r	nental condition	on information:		
Clothing description:				
Relationship to victim or family: Yes N	o How			
E-mail photos of suspect to DL-JS-PublicSafety	y-CECOMS@	cuyahogacounty.us	2	
Check here if there is more than suspect.	If so, repeat the	he use of this page		
	RIPTION 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

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		
	Cellula	ar Telephone Information	
Mobile number:		Carrier (if known)	
Mobile number:		Carrier (if known)	
Mobile number:		Carrier (if known)	
	<u>A</u>	uthorizing Authority	
Authorized By: _		(Title and name)	
Signature:			
Date:			

Please scan to 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.

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. direct	ion of travel, possible of	destination, other identifiers, et	c.)
Anyone having information on	-		
Department	at		_or dial 911.
Repeating, anyone having infor		duction please call the	or dial 911.
Department			
	4 OF 4 MANDATC	DRY FORMS	

ALPR Vehicle Entry Form

Requesting Agency:		
Date:	Time:	
Reason for request: AMI	3ER Alert	
	Vehicle Information	
Vehicle Description:		
License Plate Number:	License Plate St	ate
	Authorizing Authority	
Authorized By:	(Title and name)	
Signature:		
Date:		

Please scan to <u>DL-JS-PublicSafety-CECOMS@cuyahogacounty.us</u>

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 <u>DL-JS-PublicSafety-CECOMS@cuyahogacounty.us</u> (if available to scan fax to (216) 443-5705

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

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

AMBER ALERT CANCELLATION

Missing child's name_____

Disposition of information

Conclusion:

The	Department	wishes to thank everyone for their help and support.
Authorized by	Title and name	Date
Time		
	VOICE: (216) 771	<u>MS Contact Numbers:</u> -1363 / FAX: (216) 443-5705 cellation Page 1

ALPR Vehicle Removal Form

Requesting Agency:		
Date:	Time:	
Reason for request:	AMBER Alert	
		Vehicle Information
Vehicle Description:		
License Plate Numb	er:	License Plate State
		Authorizing Authority
Authorized By:		(Title and name)
Signature: _		
Date:		

Please scan to <u>DL-JS-PublicSafety-CECOMS@cuyahogacounty.us</u> (if unable to scan fax the completed form to (216) 443-5705)

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