

# 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:CECOMS@cuyahogacounty.us">CECOMS@cuyahogacounty.us</a> 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 <a href="mailto:CECOMS@cuyahogacounty.us">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:CECOMS@cuyahogacounty.us">CECOMS@cuyahogacounty.us</a>	_____
7.	Obtain photos of suspect vehicle (if not available provide replica photo) e-mail photos to <a href="mailto:CECOMS@cuyahogacounty.us">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 [CECOMS@cuyahogacounty.us](mailto: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 (5) 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

\_\_\_\_\_ A law enforcement agency determines that the child is not a runaway and has not been abducted as a result of a child custody dispute, unless the dispute poses a credible threat of immediate danger of serious bodily harm or death to the child.

\_\_\_\_\_ 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.

**NOTE:** 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 five (5) 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

## 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 [CECOMS@cuyahogacounty.us](mailto: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 [CECOMS@cuyahogacounty.us](mailto: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**

**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**

# 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 [CECOMS@cuyahogacounty.us](mailto: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**

# 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 [CECOMS@cuyahogacounty.us](mailto: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 [CECOMS@cuyahogacounty.us](mailto:CECOMS@cuyahogacounty.us)

If available also 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 [CECOMS@cuyahogacounty.us](mailto: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.