

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 CECOMS@cuyahogacounty.gov 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 CECOMS@cuyahogacounty.gov	_____
6.	Obtain photos of suspect – be sure to label photo(s) with name(s) e- mail photos to CECOMS@cuyahogacounty.gov	_____
7.	Obtain photos of suspect vehicle (if not available provide replica photo) e-mail photos to CECOMS@cuyahogacounty.gov	_____
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.gov 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
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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.gov

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.gov

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
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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: _____

Please scan to CECOMS@cuyahogacounty.gov

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.gov

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
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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.gov

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 _____

24/7 CECOMS Contact Numbers:
VOICE: (216) 771-1363 / FAX: (216) 443-5705
Cancellation Page 1

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: _____

Please scan to CECOMS@cuyahogacounty.gov (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
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