

ENDANGERED CHILD/AMBER ALERT ACTIVATION REQUEST FORM

Date: _____ Time of Initial Call: _____

Agency Name: _____

Investigating Officer: _____ Title: _____

Investigating Officer Phone #: _____

Missing Child Information: NCIC # _____ TCIC# _____

Child's Name: _____ Time Child Last Seen: _____

Child's DOB/Age: _____ Hair: _____ Eyes: _____

Race: _____ Sex: _____ Height: _____ Weight: _____

Last Seen Wearing: _____

Any Medical Condition: _____

Suspect's Name: _____

Suspect's DOB/Age: _____ Hair: _____ Eyes: _____

Race: _____ Sex: _____ Height: _____ Weight: _____

Last Seen Wearing: _____

Warrant Information: _____

Vehicle Information: Color: _____ Make: _____

License Plate: _____

Vehicle Description: _____

Circumstance of Disappearance:

Signature of Sheriff/Chief of Police: _____

NOTE: Verify that the Chief or Sheriff of the activating agency has requested that the Statewide AMBER Alert Protocol be activated. Form may be signed by Sheriff/Chief's Designee. Use additional sheets if more than one suspect or child.