AMBER ALERT ALLEGED ABDUCTOR(S) INFORMATION SHEET

NAME OF ALLEGED ABDUCTOR INVOLVED (IF KNOWN): ______________________

DOB: ___________ AGE: ______ RACE: ______ HEIGHT: ______
WEIGHT: ______ EYES: ______ HAIR: ______ SEX: ______
OR DESCRIPTION: _____________________________________________________________

RELATIONSHIP TO VICTIM OR FAMILY: YES: _____ NO: _____ HOW: ______

DESCRIPTION OF OTHER ALLEGED ABDUCTOR: _______________________________

DESCRIPTION OF VEHICLE(S): YEAR: ______ MAKE: ______ MODEL: ______
COLOR: ______ PLATE # AND STATE: ______
OTHER PERTINENT INFORMATION OF VEHICLE: ________________________________

OTHER MEANS OF TRANSPORTATION USED: _________________________________

DIRECTION OF TRAVEL (IF KNOWN): _________________________________________

OTHER INFORMATION: ______________________________________________________

PLEASE CONTACT THE ___________________________ AT ________________________
FAX: __________________ EMAIL ADDRESS: ________________________________

AUTHORIZED BY: ________________________________

24/7 CECOMS Contact Numbers:
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