



City of Cleveland Memorandum

Frank G. Jackson, Mayor

Department of Public Safety
Division of Police
Michael McGrath, Chief
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Cleveland, Ohio 44113-1648
216/623-5005 - Fax: 216/623-5584

URGENT FAX

1 of 4

REQUESTING AGENCY: DATE: TIME:

AUTHORIZED BY: CALL BACK #: PIO:

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:

AMBER ALERT CUYAHOGA COUNTY BILLBOARD INFORMATION (OPTIONAL)

Table with 4 columns: Text description, Line number, Content, and Character count. Includes rows for PAGE 1 TEXT VICTIM INFORMATION with fields for ABDUCTED (AGE) YR OLD, GIRL/BOY (NAME OF CHILD), and LAST SEEN IN (NAME OF CITY).

Table with 4 columns: Text description, Line number, Content, and Character count. Includes rows for PAGE 2 TEXT SUSPECT INFORMATION with fields for SUSPECT (NAME OF SUSPECT) AGE SEX, DRIVING YEAR, MAKE, MODEL, COLOR, and PLATE # (PLATE NUMBER).

* All words in bold regarding victim/suspect must be included in text and deducted from total character amount.

24/7 CECOMS Contact Numbers:

VOICE: (216) 771-1363 / FAX: (216) 443-5705 AND (216) 443-3153