

AMBER ALERT FORM

Forward to Weber Area Consolidated Dispatch Center: _____

Fax: (801) 629-8643, and

Phone: (801) 629-8010

AGENCY INFORMATION

Agency

ORI #

Officer's Name

Internal Contact # / Public Contact #

Supervisor's Approval

Y

N

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☐

Is this believed to be non custodial child abduction?

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Is this child 17 years of age or younger or an individual with proven mental or physical disability?

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Is there reason to believe the victim is in imminent danger or serious bodily injury or death?

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Is there information to send to the public which could assist in the safe recovery of the victim or apprehension of a suspect?

NOTE: Do Not Send Amber Alert if the answer is NO to any of these questions.

PLEASE INCLUDE ALL APPLICABLE DATA

VICTIM DATA #1:

Name _____
Age _____ Race _____ Hair Color _____ Hgt _____ Wgt _____
Clothing Description _____
Last Known Location: _____
Time & Date of Event: _____

VICTIM DATA #2:

Name _____
Age _____ Race _____ Hair Color _____ Hgt _____ Wgt _____
Clothing Description _____
Last Known Location: _____
Time & Date of Event: _____

SUSPECT DATA #1:

Name _____
Age _____ Race _____ Hair Color _____ Hgt _____ Wgt _____
Clothing Description _____
Other Distinguishing Features _____

SUSPECT DATA #2:

Name _____
Age _____ Race _____ Hair Color _____ Hgt _____ Wgt _____
Clothing Description _____
Other Distinguishing Features _____

VEHICLE DATA:

MAKE _____ MODEL _____ STYLE _____
COLOR _____ YEAR _____
LICENSE PLATE _____ STATE _____
Any Distinguishing Features _____

ATTACH ADDITIONAL INFORMATION AS NECESSARY