



# South Carolina Law Enforcement Division AMBER Alert Activation Form



**IMPORTANT:** Do NOT send Alert Activation form if the answer is NO to ANY of these questions. If criteria is not met, contact SLED for assistance using other available resources.

**Call SLED before sending this form or if you need assistance | Phone: 803.896.7133 | Fax: 803.896.7041**

**AMBER ALERT CRITERIA:** (Please mark the box if the answer is yes)

- Does the law enforcement agency believe that the child has been abducted (taken from their environment unlawfully, without authority of law, and without permission from the child's parent or legal guardian)?
- If the child is 17 years old or younger, does the law enforcement agency believe the child is in immediate danger of serious bodily harm or death, Or if the individual is 18 years old or older, does the law enforcement agency believe the individual is at greater risk for immediate danger of serious bodily harm or death because the individual possesses a proven physical or mental disability?
- Have all other possibilities for the victim's disappearance been reasonably excluded?
- Is there sufficient information available to disseminate to the public that could assist in locating the victim, suspect, or vehicle used in the abduction?
- The child's name and other critical data, including the Child Abduction (CA) flag have been entered into NCIC. *Once it is determined there will be an activation, the entry will be modified to include the AMBER Alert (AA) flag.* NCIC #: \_\_\_\_\_

**IMPORTANT: Has your Chief/Sheriff approved?** \_\_\_\_\_ YES \_\_\_\_\_ NO

Reporting Agency: \_\_\_\_\_ Agency Contact Number: \_\_\_\_\_

Name/Title of Investigating Officer: \_\_\_\_\_ Cell phone number: \_\_\_\_\_

Phone number for media inquiries: \_\_\_\_\_ Date of request: \_\_\_\_\_

### INCIDENT INFORMATION

Date/Time of abduction: \_\_\_\_\_ Abduction address: \_\_\_\_\_

### VICTIM INFORMATION

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Hair: \_\_\_\_\_ Eyes: \_\_\_\_\_ Glasses?: \_\_\_\_\_ Race: \_\_\_\_\_

Sex: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Last seen wearing: \_\_\_\_\_

Medical conditions: \_\_\_\_\_ Scars/Birthmarks, etc.: \_\_\_\_\_

### SUSPECT INFORMATION

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Hair: \_\_\_\_\_ Eyes: \_\_\_\_\_ Glasses?: \_\_\_\_\_

Race: \_\_\_\_\_ Sex: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Scars/Tattoos: \_\_\_\_\_

Last seen wearing: \_\_\_\_\_

### VEHICLE INFORMATION

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Color: \_\_\_\_\_ License Plate #: \_\_\_\_\_

State: \_\_\_\_\_ Unique Markings: \_\_\_\_\_

Direction of Travel: \_\_\_\_\_

**NOTE: Use additional sheets if more than one suspect or victim**