NEW AMBER ALERT ACTIVATION IDAHO AMBER

IDAHO AMBER ALERT PORTAL ACTIVATION FORM

UPDATE FOR CURRENT ACTIVATION

CANCELLATION

Mark ONLY the box that applies.

SUGGESTED CRITERIA

□ Law enforcement knows or strongly suspects an abduction has occurred

□ Abduction occurred in the last 12 hours

□ Victim is 17 years of age or younger

□ Victim believed to be in imminent danger

□ Descriptive data available on victim, suspect or vehicle

□ Victim entered into NCIC as ABDUCTED

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| \*\*Requesting agency / ORI | | | \*\*Public Contact Phone# | | | \*\*Law Enf. Phone# | | | | \*\*Media Contact Phone # | |
| \*\*Data provided by: First and Last Names Reporting Individual such as Parent or Guardian | | | | | | | | | | | |
| \*\*Authorizing Officer First, Last Name, Rank Badge # | | | | | | | | | | | |
| Other Case Numbers NCIC # | | | | Local Case # | | | | | | | |
| INCIDENT INFORMATION | | | | | | | | | | | |
| \*\*Incident Date Month/Day/Year | | | | \*\*Incident Time | | | | | | | |
| \*\*Incident Summary No Character Limit | | | | | | | | | | | |
| Location Address | | | \*\*County | | \*\*City | | | | State | | \*\*Zip Code |
| Latitude       Longitude | | | | | | | | | | | |
| VICTIM INFORMATION | | | | | | | | | | | |
| \*\*First Name | | Middle Name | | | | | \*\*Last Name | | | | |
| Birth Date month/day/year | Age years/months | | | Ethnicity | | | | Gender | | | |
| Height | Weight | | | Hair | | | | Eyes | | | |
| Identifying Features: Scars, Marks, Tattoos, Piercings, etc. | | | | | | | | | | | |
| Believed to be wearing: | | | | | | | | | | | |
| SUSPECT INFORMATION | | | | | | | | | | | |
|  | | | | | | | | | | | |
| First Name | | Middle Name | | | | | Last Name | | | | |
| Birth Date month/day/year | Age | | | Ethnicity | | | | Gender | | | |
| Height | Weight | | | Hair | | | | Eyes | | | |
| Identifying Features: scars, Marks, Tattoos, Piercings, etc. | | | | | | | | | | | |
| Believed to be wearing: | | | | | | | | | | | |
| VEHICLE INFORMATION | | | | | | | | | | | |
| Color | Year | | | Make | | | | Model | | | |
| Style | | License | | | | | State | | | | |
| Additional Vehicle Information | | | | | | | | | | | |

Please telephone the appropriate ISP Regional Communication Center to inform the RCC an AMBER Alert will be faxed. Please give the time estimate until the fax is sent. Email all photographs relating to the Alert.

RCC CONTACT NUMBERS

NORTH COEUR D’ALENE FAX 208-209-8618 PHONE 208-209-8730

EMAIL [d1dispatchers@isp.idaho.gov](mailto:d1dispatchers@isp.idaho.gov)

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