

REQUEST FOR AMBER ALERT

STATE OF NORTH DAKOTA

SFN 53635 5/2008

THIS ABDUCTION MEETS THE FOLLOWING CRITERIA:

- Yes No The abduction involves a child or children 17 years of age or younger; AGE ____
- Yes No The abducted child is believed to be in grave danger of serious bodily harm or death;
- Yes No There is descriptive information about the child, the abductor, and/or suspect's vehicle to assist with the safe recovery of the victim and/or the apprehension of the suspect;
- Yes No There is enough usable information about the child, suspect, and/or suspect's vehicle to believe an immediate broadcast will provide the public with descriptive information to help locate the child, suspect or suspect vehicle.

Indicate reason you believe individual to be in danger:

Date:	Time:	Agency: Officer Requesting: Signature: _____	Phone Number: Unit Number:
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VICTIM #1 INFORMATION

Name:		Address:		
DOB:	Age:	Sex:	Race:	
Height:	Weight:	Hair Color and Style:		Eye Color:
Identifying Marks:				
Clothing Description:				
Where the Abduction Took Place:				
Where and When the Child Was Last Seen:				

VICTIM #2 INFORMATION

Name:		Address:		
DOB:	Age:	Sex:	Race:	
Height:	Weight:	Hair Color and Style:		Eye Color:
Identifying Marks:				
Clothing Description:				
Where the Abduction Took Place:				
Where and When the Child Was Last Seen:				

SUSPECT #1 INFORMATION

Name:		Address:			
DOB:	Age:	Sex:	Race:	Height:	Weight:
Hair Color and Style:		Eye Color:			
Identifying Marks:					
Clothing Description:					
Area Last Observed:					

SUSPECT #2 INFORMATION					
Name:			Address:		
DOB:	Age:	Sex:	Race:	Height:	Weight:
Hair Color and Style:				Eye Color:	
Identifying Marks:					
Clothing Description:					
Area Last Observed:					

VEHICLE INFORMATION			
Color:	Year:	Model:	Body Style:
License Plate Number/State:		Miscellaneous Information:	

ADDITIONAL INFORMATION	
Were there witnesses to the abduction: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is there reason to believe the suspect is a relative or has some other special relationship with the victim: <input type="checkbox"/> Yes <input type="checkbox"/> No	
What is the relationship:	
Indicate any circumstances you feel are pertinent to the case:	
Phone number for public to call to provide information:	Phone number for the media to call:

ADDITIONAL COMMENTS OR CONTINUATION OF INFORMATION FROM PREVIOUS BLOCKS

INSTRUCTIONS
If the criteria for an AMBER Alert have been met, the law enforcement agency requesting the AMBER Alert should complete this form and fax it to State Radio Communications at 701-328-9926, while at the same time calling State Radio at 701-328-9921 to request the Alert. The request will be reviewed by the Bureau of Criminal Investigation. The Highway Patrol will authorize activation of the AMBER Alert and dissemination of alert information to the media. State Radio will activate the AMBER Alert on law enforcement radio and teletype.