



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