

# SOUTH CAROLINA AMBER ALERT INFORMATION FORM

## SOUTH CAROLINA LAW ENFORCEMENT DIVISION

Call SLED before sending this form or if you need assistance (803) 896-7133. Fax (803) 896-7041

**\*IMPORTANT: Do NOT send an AMBER Alert  
if the answer is NO to ANY of these questions.**

<input type="checkbox"/> 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)? _____	<b><u>Reporting Agency Information:</u></b>  Name of Reporting Agency: _____  Name/Title of Reporting Individual: _____  Contact Number for Reporting Agency to Publish: _____  NCIC Number: _____
<input type="checkbox"/> 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? _____	
<input type="checkbox"/> Have all other possibilities for the victim's disappearance been reasonably excluded? _____	
<input type="checkbox"/> Is there sufficient information available to disseminate to the public that could assist in locating the victim, suspect, or vehicle used in the abduction? _____	
<input type="checkbox"/> The child's name and other critical data, including the child abduction (CA) and AMBER Alert (AA) flags have been entered into NCIC. _____	

<b>Date of Abduction:</b> _____ <b>Time of Abduction:</b> _____
<b>Last Known Location:</b> _____

<b><u>VICTIM DATA:</u></b> (Please have a photo of victim ready to email to the SLED Supervisor.) Victim Name (First/Middle/Last): _____ (IF MORE THAN ONE VICTIM, INCLUDE ON ADDITIONAL PAGE WITH SAME INFORMATION)  Age: _____ DOB: _____ Wt: _____ Ht: _____ Race: _____ Sex: _____ Eyes: _____ Eyewear: _____ Hair/Hairstyle: _____  Clothing: _____ Unique physical characteristics/additional information: _____
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<b><u>SUSPECT DATA:</u></b> (Please have a photo of suspect ready to email to the SLED Supervisor.) Suspect Name (First/Middle/Last): _____ (IF MORE THAN ONE SUSPECT, INCLUDE ON ADDITIONAL PAGE WITH SAME INFORMATION)  Age: _____ DOB: _____ Wt: _____ Ht: _____ Race: _____ Sex: _____ Eyes: _____ Eyewear: _____ Hair/Hairstyle: _____  Clothing: _____ Unique physical characteristics/additional information: _____
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<b><u>VEHICLE DATA:</u></b> Direction of Travel: _____ _____  Make: _____ Model: _____ Year: _____ Color: _____ Tag: * _____ Description: _____ _____ State: _____
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\* Please make sure tag information is legible.

CREATED BY: \_\_\_\_\_