

State of Illinois

# AMBER ALERT

## Notification Plan

(Public Act 92-0259)  
FACSIMILE TRANSMISSION PACKET

Date: \_\_\_\_\_ Time: \_\_\_\_\_

To: Illinois Springfield Communications Center  
Telephone #: 217-786-6677  
Facsimile #: 217-786-7191

From: (Department) \_\_\_\_\_  
(Contact) \_\_\_\_\_

Telephone #: \_\_\_\_\_ Facsimile #: \_\_\_\_\_

OCA (LEADS/NCIC) Number: \_\_\_\_\_

Subject: **AMBER ALERT**  
**CHILD ENDANGERMENT/ABDUCTION**  
**EMERGENCY NOTIFICATION**  
**MESSAGE**

**PHOTOGRAPH OF THE CHILD, ABDUCTOR, OR VEHICLE SHOULD BE SENT TO:**  
[scc@isp.state.il.us](mailto:scc@isp.state.il.us) and [missing@isp.state.il.us](mailto:missing@isp.state.il.us)

If you have any questions regarding this transmission, please call the sender at the telephone number listed above.

*This facsimile contains CONFIDENTIAL INFORMATION which may also be legally privileged and is intended only for the use of the individual or entity to which it is addressed. Unauthorized disclosure or dissemination may be prohibited by state and federal statutes. If you have received this communication in error, please contact the sender immediately.*

## EMERGENCY NOTIFICATION MESSAGE CRITERIA

The child is under the age of 16 **or** has a proven mental or physical disability  
**and,**  
Police **must believe** the child is in danger of serious bodily harm or death.

### ABDUCTION INFORMATION

Date Abducted:			Time Abducted:			
Location/Place of Abduction:		City:		State:	Zip:	County:
<b>Vehicle Description</b>	Color:	Year:	Make:	Model:	Style:	
License Plate:	State of Issue:		Direction of Travel/Destination:			
<b>Incident Details:</b>						

### CHILD INFORMATION *(Complete an additional page for each additional child abducted)*

Last Name:		First Name:		MI:	
Date of Birth:	Age:	Race:	Gender:		
Height:		Weight:	Eyes:	Hair:	
<b>Clothing</b>	Shirt:		Pants:		
Shoes:		Outerwear:			
Identifying Features:				Photo Emailed:	

### ABDUCTOR INFORMATION *(Complete an additional page for each additional abductor)*

Last Name:		First Name:		MI:	
Date of Birth:	Age:	Race:	Gender:		
Height:		Weight:	Eyes:	Hair:	
<b>Clothing</b>	Shirt:		Pants:		
Shoes:		Outerwear:			
Identifying Features:				Photo Emailed:	

### LAW ENFORCEMENT CONTACT INFORMATION

Department:	Contact Phone #:	Media Inquiry #:
Department ORI:		Contact Email:
<i>Although each case has its own set of circumstances, police must follow the abduction criteria as closely as possible.</i> <b>This process should not replace departmental policy/procedure on conducting follow-up investigation to include collecting photographs of any missing or abducted child.</b>		
For ISP Use ONLY:		
Clearinghouse notified   Yes   No      IDOT notified   Yes   No      District 15 notified   Yes   No		