

MASSACHUSETTS CHILD AMBER ALERT

Activation Request-Immediate Action Required



Massachusetts State Police Communications Section
 Voice (508) 820-2121
 FAX (508) 820-2150 Confirmation Required

Requesting Department: _____ Phone # _____
 Name of the Authorized Submitting Official: _____

**Abduction
Date & Time**

Date:	Time:	WEAPON USED TYPE:
-------	-------	--------------------------

**Location of
Abduction**

City/Town:	Specific Location:
------------	--------------------

**Abducted
Child
Information**

Name: _____			
First	Middle	Last	
Parental Consent to Release Child's Name:		Male <input type="checkbox"/>	Race:
Yes <input type="checkbox"/> No <input type="checkbox"/>		Female <input type="checkbox"/>	Age or DOB
Child's Description: Clothing, height, weight, eye & hair color, hair style, scars or marks:			

**Suspect
Information
(If Available)**

Name: _____			
First	Middle	Last	
Male <input type="checkbox"/>	Race:	Age:	Describe Suspect Below: Include clothing, height, weight, eye & hair color, hair style, scars, marks, tattoos:
Female <input type="checkbox"/>			

**Vehicle
Information**

Vehicle Year:	Color:	MV Plate #:	State:
Make:	Model:		
Other Descriptors (dents, scratches, stickers, damage etc.):			

**Abduction
Gist**

Include direction of travel, possible destination if known, additional suspects, etc.:
--

**State Police
Use Only**

TT Item Log #	Administrative Flash Sent (AF) @	General Broadcast Cancelled (GBC) @
---------------	-------------------------------------	--