



City of Cleveland Memorandum

Frank G. Jackson, Mayor

Department of Public Safety
Division of Police
Michael McGrath, Chief
1300 Ontario Street
Cleveland, Ohio 44113-1648
216/623-5005 – Fax: 216/623-5584

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AMBER ALERT ALLEGED ABDUCTOR(S) INFORMATION SHEET

NAME OF ALLEGED ABDUCTOR INVOLVED (IF KNOWN): _____

DOB: _____ AGE: _____ RACE: _____ HEIGHT: _____

WEIGHT: _____ EYES: _____ HAIR: _____ SEX: _____

OR DESCRIPTION: _____

RELATIONSHIP TO VICTIM OR FAMILY: YES: _____ NO: _____ HOW: _____

DESCRIPTION OF OTHER ALLEGED ABDUCTOR: _____

DESCRIPTION OF VEHICLE(S): YEAR: _____ MAKE: _____ MODEL: _____

COLOR: _____ PLATE # AND STATE: _____

OTHER PERTINENT INFORMATION OF VEHICLE: _____

OTHER MEANS OF TRANSPORTATION USED: _____

DIRECTION OF TRAVEL (IF KNOWN): _____

OTHER INFORMATION: _____

PLEASE CONTACT THE _____ AT _____

FAX: _____ EMAIL ADDRESS: _____

AUTHORIZED BY: _____

24/7 CECOMS Contact Numbers:

VOICE: (216) 771-1363 / FAX: (216) 443-5705 AND (216) 443-3153