

NEW JERSEY STATE POLICE AMBER Abducted Child Alert Reporting Form

INVESTIGATING AGENCY	AGENCY TELEPHONE
INVESTIGATING OFFICER	OFFICER'S CONTACT/CELL PHONE NUMBER

NJSP ROIC TELEPHONE: 609-963-6900

CHILD	NAME OF ABDUCTED CHILD			PHOTO? <input type="checkbox"/> YES <input type="checkbox"/> NO		CELL PHONE NUMBER		CELL PHONE CARRIER		
	AGE	DATE OF BIRTH	HEIGHT	WEIGHT	RACE	GENDER	EYE COLOR	HAIR COLOR		
	SCARS, MARKS, TATTOOS				DESCRIPTION OF CHILD'S CLOTHING					
	LOCATION WHERE CHILD WAS LAST SEEN						DATE LAST SEEN	TIME LAST SEEN		

SUSP./ABDUCTOR	SUSPECT NAME				ADDRESS						
	CELL PHONE NUMBER			CELL PHONE CARRIER		RELATIONSHIP TO CHILD		PHOTO? <input type="checkbox"/> YES <input type="checkbox"/> NO		CRIMINAL HISTORY? <input type="checkbox"/> YES <input type="checkbox"/> NO	
	AGE	DATE OF BIRTH	HEIGHT	WEIGHT	RACE	GENDER	EYE COLOR	HAIR COLOR			
	SCARS, MARKS, TATTOOS				DESCRIPTION OF SUSPECT'S CLOTHING						

VEHICLE	MAKE	MODEL	YEAR	COLOR	REGISTRATION	STATE
	ADDITIONAL IDENTIFIERS				DIRECTION OF TRAVEL	

Witness	PERSON REPORTING CRIME	ADDRESS	TELEPHONE

Threat of Serious Bodily Harm/Death		YES	NO	UNK		YES	NO	UNK
	• Does Child know Abductor(s)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	• History of physical harm/abuse by the Abductor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Was Child taken by force?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	• Did Abductor direct threats at the Child?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Did Child resist abduction?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	• History of the Abductor threatening the Child?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Did abduction result in physical harm?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	• Domestic/Parental involvement?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Custody issue? (If yes, check one)	<input type="checkbox"/> Joint	<input type="checkbox"/> Mother	<input type="checkbox"/> Father		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other (Explain): _____							
	• Restraining Order in place?					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Explain: _____							
	• Does Restraining Order indicate threat to Child's safety?					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Explain: _____								
• Does Child have health concerns?					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If Yes, explain: _____								
• Does Abductor have a history of Psychological/ Substance abuse? If Yes, explain: _____					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	