

State of Illinois

Endangered Missing Person Advisory

Facsimile Transmission

Date: _____ Time: _____

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

From: (Department) _____

(Contact) _____

Telephone #: _____ Facsimile # _____

OCA (LEADS/NCIC Number): _____

Endangered Missing Person Advisory Alert

PHOTOGRAPH OF THE MISSING PERSON, COMPANION, OR VEHICLE SHOULD BE SENT

TO: scc@isp.state.il.us and 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 call us immediately at the number listed above.

ENDANGERED MISSING PERSON ADVISORY NOTIFICATION CRITERIA

- The person is missing under unexplained or suspicious circumstances.
- The person is believed to be in danger because of age, health, mental or physical disability, environment, weather conditions, or in the company of a potentially dangerous person or some other factor that may expose the person to possible harm or injury.
- Public information is available that could assist in the safe recovery of the person.
- The circumstances do not fit the criteria of an AMBER Alert.

INCIDENT INFORMATION

Date of Incident:				Time of Incident:			
Location/Place of Incident:			City:		State:	ZIP:	County:
Vehicle Description	Color:	Year:	Make:	Model:		Style:	
	License Plate:		State of Issue:	Direction of Travel/Destination:			
Incident Details:							

MISSING PERSON INFORMATION *(Complete an additional page for each endangered missing person)*

Last Name:			First Name:			MI:
Date of Birth:		Age:	Race:		Gender:	
Height:		Weight:		Eyes:		Hair:
Clothing	Shirt:			Pants:		
	Shoes:		Outerwear:			Photo emailed:
Additional Significant Identifiers:						

COMPANION INFORMATION *(Complete an additional page for each additional companion)*

Last Name:			First Name:			MI:
Date of Birth:		Age:	Race:		Gender:	
Height:		Weight:		Eyes:		Hair:
Clothing	Shirt:			Pants:		
	Shoes:		Outerwear:			Photo emailed:
Additional Significant Identifiers:						

LAW ENFORCEMENT CONTACT INFORMATION

Department:		Contact phone:		Media Inquiry number #:
Department ORI:			Contact Email:	
This process should not replace departmental policy/procedure for conducting follow-up investigation to include collecting photographs, dental records, etc. of any missing person.				