

# NEW JERSEY CHILD ABDUCTION RESPONSE TEAM AFTER ACTION REPORT



DATE CART NOTIFIED	TIME NOTIFIED	NAME OF CART COORDINATOR NOTIFIED	CART COORDINATOR TELEPHONE
AGENCY NOTIFYING CART		ROIC NOTIFIED <input type="checkbox"/> Yes <input type="checkbox"/> No	Date _____ Time _____
AGENCY TELEPHONE	COUNTY	MUNICIPALITY	

## Missing Child Information

NAME		AGE	SEX	RACE
DATE OF LAST CONTACT	TIME OF DISAPPEARANCE	LOCATION OF DISAPPEARANCE		
MISSING CHILD RECOVERED? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, DATE OF RECOVERY	RECOVERY <input type="checkbox"/> Uninjured <input type="checkbox"/> Injured <input type="checkbox"/> Deceased		
NCIC NIC #	VICAP DATABASE SEARCHED <input type="checkbox"/> Yes <input type="checkbox"/> No		CASE ENTERED INTO VICAP <input type="checkbox"/> Yes <input type="checkbox"/> No	
NCIC ENTERING AGENCY			ORI NUMBER	
AGENCY TELEPHONE	COUNTY	MUNICIPALITY	MUN. CODE	
INITIAL CLASSIFICATION OF MISSING CHILD'S CASE <input type="checkbox"/> Stranger Abduction <input type="checkbox"/> Non-Family Abduction <input type="checkbox"/> Family Abduction <input type="checkbox"/> Endangered Missing <input type="checkbox"/> Runaway				

## Suspect/Abductor Information

NAME	AGE	SEX	RACE
ADDRESS			ARRESTED <input type="checkbox"/> Yes <input type="checkbox"/> No

## CART Response

CART RESPONSE <input type="checkbox"/> Yes <input type="checkbox"/> No	CART TEAM	# PERSONNEL RESPONDING	LENGTH OF ACTIVATION Hours	DATE OF RESOLUTION
SUMMARY				
REPORT SUBMITTED BY	AGENCY	TELEPHONE	DATE	

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