

* Indicates
Mandatory Field



CLEAN / NCIC WORKSHEET Identity Theft

Type of Entry: * <input type="checkbox"/> Identity Theft <input type="checkbox"/> Caution

Agency Name: *	Officer Name: *
ORI: *	Date of Report: *

VICTIM INFORMATION:

Name: *	Sex: *	Race: *
Date of Birth: *	Place of Birth: *	
Height: *	Weight: *	Eyes: *
		Hair: *
Fingerprint Card:	FBI Number:	
OCA: *	SSN:*	
Scars, Marks, Tattoos:		Skin:
Caution & Medical Conditions:		
Password: (up to eight(8) characters) *		
Theft Type: * <input type="checkbox"/> Credit Card <input type="checkbox"/> Checking or Savings <input type="checkbox"/> Loan <input type="checkbox"/> Phone/Utilities		
<input type="checkbox"/> Securities/Investments <input type="checkbox"/> Internet/E-Mail <input type="checkbox"/> Gov't. Documents/Benefits <input type="checkbox"/> Other		
Miscellaneous:		

Above information verified by Supervisor # _____ Initials _____

Items below completed by Comm Center ONLY

Entered By:	ID #	Checked Prior to Entry by:	ID #
Date Entered:	Time Entered:		
Copy of Entry Provided To Entering Agency <input type="checkbox"/> Yes <input type="checkbox"/> No			