

# MISSING PERSON CLEAN/NCIC ENTRY WORKSHEET

|                |   |  |   |
|----------------|---|--|---|
| TYPE OF ENTRY: | <input type="checkbox"/> JUVENILE (EMJ)   | <input type="checkbox"/> INVOLUNTARY (EMI) | <input type="checkbox"/> ENDANGERED (EME) |
|                | <input type="checkbox"/> DISABILITY (EMD) | <input type="checkbox"/> CATASTROPHE (EMV) | <input type="checkbox"/> OTHER (EMO)      |

|                                    |                             |
|------------------------------------|-----------------------------|
| AGENCY NAME:                       | OFFICER NAME:               |
| AGENCY (ORI):                      | DATE OF REPORT:             |
| INVESTIGATIVE REPORT NUMBER (OCA): |                             |
| DATE OF LAST CONTACT (DLC):        | TIME OF LAST CONTACT (TLC): |

## MISSING PERSON SUBJECT INFORMATION:

|                                   |                                       |                             |
|-----------------------------------|---------------------------------------|-----------------------------|
| NAME (NAM):                       | SEX (SEX):                            | RACE (RAC):                 |
| HEIGHT (HGT):                     | WEIGHT (WGT):                         | HAIR COLOR (HAR):           |
| EYE COLOR (EYE):                  |                                       |                             |
| PLACE OF BIRTH (POB):             |                                       |                             |
| SCARS, MARKS, TATOOS (SMT):       |                                       |                             |
| FINGERPRINT CLASSIFICATION (FPC): |                                       | FBI NUMBER (FBI):           |
| DATE OF BIRTH (DOB):              | SOCIAL SECURITY NUMBER (SSN):         |                             |
| JEWELRY TYPE (JWT):               |                                       |                             |
| JEWELRY LOCATION (JWL):           |                                       |                             |
| BLOOD TYPE (BLT):                 | CIRCUMCISION (CRC):                   | FOOTPRINTS AVAILABLE (FPA): |
| BODY X-RAY (BXR):                 | CORRECTIVE VISION PERSCRIPTION (VRX): |                             |
| MISCELLANEOUS INFORMATION (MIS):  |                                       |                             |

## DRIVER OPERATOR LICENSE INFORMATION:

|                             |              |             |
|-----------------------------|--------------|-------------|
| NUMBER (OLN):               | STATE (OLS): | YEAR (OLY): |
| MISCELLANEOUS NUMBER (MNU): |              |             |

## ASSOCIATED VEHICLE REGISTRATION INFORMATION:

|               |              |             |             |
|---------------|--------------|-------------|-------------|
| NUMBER (LIC): | STATE (LIS): | YEAR (LIY): | TYPE (LIT): |
|---------------|--------------|-------------|-------------|

## ASSOCIATED VEHICLE IDENTIFICATION INFORMATION:

|                                      |              |              |
|--------------------------------------|--------------|--------------|
| VEHICLE IDENTIFICATION NUMBER (VIN): |              |              |
| MAKE (VMA):                          | YEAR (VYR):  | MODEL (VMO): |
| STYLE (VST):                         | COLOR (VCO): |              |

|                       |   |
|-----------------------|---|
| INVESTIGATING AGENCY: | <input type="checkbox"/> JUVENILE – SENT LETTERS TO SCHOOL AND VITAL STATISTICS<br><input type="checkbox"/> ADULT – COMPLAINANT SIGNED A MISSING PERSON DECLARATION |
|-----------------------|---|

**ALL ENTRIES MUST BE UPDATED WITHIN 60 DAYS AS PER FEDERAL ACT**

|   |
|---|
| AMBER ALERT NOTIFICATION <input type="checkbox"/> |
|---|

## COMPLETED BY ENTERING AGENCY

|  |                              |                             |
|--|------------------------------|-----------------------------|
| CLEAN / NCIC RECORDS CHECKED TO OBTAIN ADDITIONAL INFORMATION, ADDITIONAL INFORMATION PROVIDED TO INVESTIGATING AGENCY | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
|--|------------------------------|-----------------------------|

|             |             |
|-------------|-------------|
| ENTERED BY: | CHECKED BY: |
|-------------|-------------|

|                      |
|----------------------|
| DATE / TIME ENTERED: |
|----------------------|

|  |                              |                             |
|--|------------------------------|-----------------------------|
| COPY OF ENTRY PROVIDED TO REQUESTING AGENCY: | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
|--|------------------------------|-----------------------------|