

STOLEN GUN CLEAN / NCIC ENTRY WORKSHEET

AGENCY NAME:	OFFICER NAME:
AGENCY (ORI):	DATE OF REPORT:
INVESTIGATIVE REPORT NUMBER (OCA):	DATE OF THEFT (DOT):

GUN INFORMATION:

MAKE (MAK):	MODEL (MOD):	
CALIBER (CAL):	TYPE (TYP):	SERIAL NUMBER (SER):
MISCELLANEOUS (MIS):		

COMPLETED BY ENTERING AGENCY

ENTERED BY:	CHECKED BY:
DATE / TIME ENTERED:	
COPY OF ENTRY PROVIDED TO REQUESTING AGENCY: <input type="checkbox"/> YES <input type="checkbox"/> NO	