

WANTED PERSON CLEAN/NCIC ENTRY WORKSHEET

TYPE OF ENTRY:	<input type="checkbox"/> CAUTION	<input type="checkbox"/> PA ONLY (EWN) NO EXTRADITION	<input type="checkbox"/> NCIC (EW)– ENTER EXTRADITION LIMITATIONS IN MIS FIELD
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AGENCY NAME:	OFFICER NAME:
AGENCY (ORI):	DATE OF REPORT:
INVESTIGATIVE REPORT NUMBER (OCA):	
DATE OF WARRANT (DOW):	OFFENSE (OFF):

WANTED 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):		
MISCELLANEOUS INFORMATION – ENTER EXTRADITION IF NOT NATIONWIDE (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"/> A SIGNED AND SEALED WARRANT MUST BE AVAILABLE PRIOR TO ENTRY <input type="checkbox"/> INVESTIGATIVE REPORT CHECKED TO VERIFY INFORMATION CORRECTNESS <input type="checkbox"/> EXTRADITION VERIFIED THROUGH PROPER AUTHORITY
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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	