

* Indicates
Mandatory Field



CLEAN / NCIC WORKSHEET

Stolen Article Worksheet

Agency Name: *	Officer Name: *
ORI: *	Date: *

Article Information:	
Brand Name: *	Model/Type: *
Serial Number: *	OAN:
OCA: *	Date of Theft: *

Items below completed by Comm Center ONLY

Above information verified by Supervisor # _____ Initials _____

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	