

* Indicates
Mandatory Field



CLEAN/NCIC WORKSHEET

Stolen Gun

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

Gun Information:		
Make: *	Model: *	
Caliber: *	Type: *	Serial Number: *
Miscellaneous:		

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			