

* Indicates
Mandatory Field



CLEAN / NCIC WORKSHEET Missing Person

Type of Entry: *	<input type="checkbox"/> Juvenile	<input type="checkbox"/> Involuntary	<input type="checkbox"/> Endangered
	<input type="checkbox"/> Disability	<input type="checkbox"/> Catastrophe	<input type="checkbox"/> Other

Agency Name: *	Officer Name: *
ORI: *	Date of Report: *
OCA: *	
Date of Last Contact: *	Time of Last Contact: *

Missing Person Subject Information:			
Name: *	Sex: *	Race: *	
Height: *	Weight: *	Hair: *	Eyes: *
Scars, Marks, Tattoos:			
Fingerprint Class:		FBI Number:	
Date of Birth: *		SSN: *	
Jewelry Type:			
Jewelry Location:			
Blood Type:	Circumcision:	Footprints Available:	
Body X-Ray:		Corrective Vision Prescription:	
Miscellaneous Information:			

Drivers Operators License Information:		
Number:	State:	Year:
Miscellaneous Number:		

Associated Vehicle Registration Information:			
Number:	State:	Year:	Type:

Associated Vehicle Identification Information:		
Vehicle Identification Number:		
Make:	Year:	Model:
Style:		Color:

Investigating Agency: *	<input type="checkbox"/> Juvenile – Sent letters to school and vital statistics <input type="checkbox"/> Adult – Complainant signed a missing person declaration ALL ENTRIES MUST BE UPDTAED WITHIN 60 DAYS AS PER FEDERAL ACT <input type="checkbox"/> AMBER ALERT
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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
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