



* Indicates
Mandatory Field

CLEAN / NCIC WORKSHEET

Vehicle / Registration

Type of Entry: * <input type="checkbox"/> Stolen Vehicle <input type="checkbox"/> Stolen License Plate <input type="checkbox"/> Felony Vehicle
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Agency Name: *	Officer Name: *
ORI: *	Date of Report: *

Registration Information:			
Number: *	State: *	Year: *	Type: *

Vehicle Information:		
Vehicle Identification Number:		
Year: *	Make: *	Model: *
Style: *	Color: *	
Date of Theft: *	OCA: *	
Owner Applied Number:		
Miscellaneous:		
Information Verified From Complainant / Investigative Report:		
<input type="checkbox"/> Yes <input type="checkbox"/> No		

Items below completed by Comm Center ONLY

Above information verified by Supervisor # _____ Initials _____

Entered By:	Checked Prior to Entry by:
ID #	ID #
Date Entered:	Time Entered:

Copy of Entry Provided To Entering Agency <input type="checkbox"/> Yes <input type="checkbox"/> No
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