AGENCY NAME:

OFFICER NAME:

AGENCY (ORI):

DATE OF REPORT:

INVESTIGATIVE REPORT NUMBER (OCA):

CAUTION INDICATOR

CAUTION/MEDICAL CONDITIONS (CMC):

HAIR COLOR (HAI):

**VICTIM INFORMATION:**

NAME (NAM):

SEX (SEX):

RACE (RAC):

HEIGHT (HGT):

WEIGHT (WGT):

EYE COLOR (EYE):

DATE OF BIRTH (DOB):

SOCIAL SECURITY NUMBER (SOC):

FBI NUMBER (FBI):

MISCELLANEOUS NUMBER (MNU):

PASSWORD (PWD):

IDENTITY THEFT TYPE (IDT):

PLACE OF BIRTH (POB):

CITIZENSHIP (CTZ):

SCARS, MARKS, TATTOOS (SMT):

ETHNICITY (ETN):

FINGERPRINT CLASSIFICATION (FPC):

SKINTONE (SKN):

OPERATOR’S LICENSE NUMBER (OLN):

DATE OF THEFT (DOT):

LINKAGE AGENCY IDENTIFIER (LKI):

DATE OF PURGE (DOP):

STATE (OLS):

YEAR (OLY):

LINKAGE AGENCY CASE NUMBER (LKA):

NOTIFY ORIGINATING AGENCY (NOA):

MISCELLANEOUS (MIS):

**COMPLETED BY ENTERING AGENCY**

CLEAN / NCIC RECORDS CHECKED TO OBTAIN ADDITIONAL INFORMATION, ADDITIONAL INFORMATION PROVIDED TO INVESTIGATING AGENCY  YES  NO

ENTERED BY:

CHECKED BY:

DATE / TIME ENTERED:

COPY OF ENTRY PROVIDED TO REQUESTING AGENCY:  YES  NO