AGENCY NAME:

OFFICER NAME:

AGENCY (ORI):

DATE OF REPORT:

ORIGINATING AGENCY CASE NUMBER (OCA):

**COMPLETED BY ENTERING AGENCY**

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

SEX (PIX):

HAIR COLOR (PHA):

SCARS, MARKS, TATOOS (PSM):

DATE OF BIRTH (PIB):

ETHNICITY (PIE):

NAME (PIN):

**PERSON WITH INFORMATION:**

SOCIAL SECURITY NUMBER (PSS):

RACE (PIR):

HEIGHT (PHG):

WEIGHT (PWG):

EYE COLOR (PEY):

SKINTONE (PSK):

MISCELLANEOUS INFORMATION (PMI):

ENTERED BY:

CHECKED BY:

DATE / TIME ENTERED:

COPY OF ENTRY PROVIDED TO REQUESTING AGENCY: [ ]  YES [ ]  NO

ALIAS (PAK):

NCIC NUMBER (NIC):

NAME (NAM):