AGENCY NAME:

OFFICER NAME:

AGENCY (ORI):

DATE OF REPORT:

INVESTIGATIVE REPORT NUMBER (OCA):

CAUTION INDICATOR:

CAUTION/MEDICAL CONDITIONS (CMC):

MISSING PERSON CIRCUMSTANCES (MPC):

MISSING PERSON (MNP):

**MISSING JUVENILE PERSON INFORMATION:**

NAME (NAM):

SEX (SEX):

RACE (RAC):

HEIGHT (HGT):

WEIGHT (WGT):

EYE COLOR (EYE):

HAIR COLOR (HAI):

LAST CONTACTED:

DATE (DLC):

TIME (TLC):

DATE OF BIRTH (DOB):

SOCIAL SECURITY NUMBER (SOC):

FBI NUMBER (FBI):

MISCELLANEOUS NUMBER (MNU):

DATE OF EMANCIPATION (DOE):

**DRIVER OPERATOR LICENSE INFORMATION:**

OPERATOR’S LICENSE NUMBER (OLN):

STATE (OLS):

YEAR (OLY):

LICENSE PLATE NUMBER (LIC):

STATE (LIS):

YEAR (LIY):

TYPE (LIT):

VEHICLE IDENTIFICATION NUMBER (VIN):

VEHICLE YEAR (VYR):

MAKE (VMA):

MODEL (VMO):

STYLE (VST):

COLOR (VCO):

PLACE OF BIRTH (POB):

CITIZENSHIP (CTZ):

SCARS, MARKS, TATTOOS (SMT):

ETHNICITY (ETN):

FINGERPRINT CLASSIFICATION (FPC):

SKINTONE (SKN):

BLOOD TYPE (BLT):

CIRCUMCISION (CRC):

FOOTPRINT AVAILABLE (FPA):

BODY X-RAY (BXR):

CORRECTIVE VISION PRESCRIPTION (VRX):

JEWELRY TYPE (JWT):

JEWELRY DESCRIPTION (JWL):

NOTIFY ORIGINATING AGENCY (NOA):

LINKAGE AGENCY IDENTIFIER (LKI):

LINKAGE AGENCY CASE NUMBER (LKA):

PHOTO AVAILABLE (PTO):

DNA AVAILABLE (DNA):

DNA LOCATION (DLO):

MISCELLANEOUS (MIS):

ALIAS (AKA):

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):