



NCIC Entry/Clearance Form

Persons Form

Case # _____

Officer _____

ORI # _____

Choose One

Entered by: _____

Entry Clearance

* = Mandatory Field

Choose One

Person Missing Runaway Wanted

Name (Last, First, Middle) *			Alias/Nicknames		
Sex *	Race *	Place of Birth (State) *	Date of Birth	Date of Emancipation	
Height *	Weight *	Hair Color *	Eye Color *	Skin Tone	
Drivers License #	DL State	DL Expiration Year	Social Security #		
Date of Last Contact *	Unique Characteristics- (Scars, Marks, Tattoos, Limp, Jewelry, Glasses, Etc)				
Miscellaneous Information: (Clothing Desc, etc)					
Mental State (Depressed, Suicidal, etc)			Medical Problems (needed medications)		
Fingerprint Classification		Miscellaneous Number (UCCH #, Juvenile case #, etc)		FBI #	

Vehicle

(Vehicle area on this form is to be used only if subject is missing in a vehicle)

License Plate #	State	Expiration Year	Type	Vehicle Year	Make	Model
VIN Number				Color	Style	
Miscellaneous Information:						

NIC # _____

2nd Party Check: _____

Faxed to Agency
Date: _____
Time: _____