



NCIC Entry/Clearance Form

Persons Form

Case # _____

Officer _____

ORI # _____

Choose One

Entered by: _____

* = Mandatory Field

Entry ☐ Clearance ☐

Choose One

Person

Missing ☐ Runaway ☐

| | | | | |
|-------------------------------------------------|------------------------------------------------------------------------------|-----------------------------------------------------|---------------------------------------|----------------------|
| 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: _____