

WANTED PERSON CLEAN/NCIC ENTRY WORKSHEET

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|----------------|----------------------------------|---|--|
| TYPE OF ENTRY: | <input type="checkbox"/> CAUTION | <input type="checkbox"/> PA ONLY (EWN) NO EXTRADITION | <input type="checkbox"/> NCIC (EW)– ENTER EXTRADITION LIMITATIONS IN MIS FIELD |
|----------------|----------------------------------|---|--|

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|------------------------------------|-----------------|
| AGENCY NAME: | OFFICER NAME: |
| AGENCY (ORI): | DATE OF REPORT: |
| INVESTIGATIVE REPORT NUMBER (OCA): | |
| DATE OF WARRANT (DOW): | OFFENSE (OFF): |

| WANTED PERSON SUBJECT INFORMATION: | | | |
|--|-------------------------------|-------------------|------------------|
| NAME (NAM): | SEX (SEX): | RACE (RAC): | |
| HEIGHT (HGT): | WEIGHT (WGT): | HAIR COLOR (HAR): | EYE COLOR (EYE): |
| PLACE OF BIRTH (POB): | | | |
| SCARS, MARKS, TATOOS (SMT): | | | |
| FINGERPRINT CLASSIFICATION (FPC): | | FBI NUMBER (FBI): | |
| DATE OF BIRTH (DOB): | SOCIAL SECURITY NUMBER (SSN): | | |
| MISCELLANEOUS INFORMATION – ENTER EXTRADITION IF NOT NATIONWIDE (MIS): | | | |
| | | | |

| DRIVER OPERATOR LICENSE INFORMATION: | | |
|--------------------------------------|--------------|-------------|
| NUMBER (OLN): | STATE (OLS): | YEAR (OLY): |
| MISCELLANEOUS NUMBER (MNU): | | |

| ASSOCIATED VEHICLE REGISTRATION INFORMATION: | | | |
|--|--------------|-------------|-------------|
| NUMBER (LIC): | STATE (LIS): | YEAR (LIY): | TYPE (LIT): |

| ASSOCIATED VEHICLE IDENTIFICATION INFORMATION: | | |
|--|--------------|--------------|
| VEHICLE IDENTIFICATION NUMBER (VIN): | | |
| MAKE (VMA): | YEAR (VYR): | MODEL (VMO): |
| STYLE (VST): | COLOR (VCO): | |

| INVESTIGATING AGENCY: |
|--|
| <input type="checkbox"/> A SIGNED AND SEALED WARRANT MUST BE AVAILABLE PRIOR TO ENTRY <input type="checkbox"/> INVESTIGATIVE REPORT CHECKED TO VERIFY INFORMATION CORRECTNESS <input type="checkbox"/> EXTRADITION VERIFIED THROUGH PROPER AUTHORITY |

| COMPLETED BY ENTERING AGENCY | |
|---|-------------|
| CLEAN / NCIC RECORDS CHECKED TO OBTAIN ADDITIONAL INFORMATION, ADDITIONAL INFORMATION PROVIDED TO INVESTIGATING AGENCY <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| ENTERED BY: | CHECKED BY: |
| DATE / TIME ENTERED: | |
| COPY OF ENTRY PROVIDED TO REQUESTING AGENCY: <input type="checkbox"/> YES <input type="checkbox"/> NO | |