AGENCY NAME:

OFFICER NAME:

ORIGINATING AGENCY IDENTIFIER (ORI):

DATE OF REPORT:

DATE OF BIRTH (DOB):

NAME (NAM):

SEX (SEX):

RACE (RAC):

STATE IDENTIFICATION NUMBER (SID):

SOCIAL SECURITY NUMBER (SOC):

FBI NUMBER (FBI):

MISCELLANEOUS NUMBER (MNU):

PURPOSE CODE (PUR):

ATTENTION (ATN):

**COMPLETED BY ENTERING AGENCY**

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

ENTERED BY:

CHECKED BY:

DATE / TIME ENTERED:

COPY OF ENTRY PROVIDED TO REQUESTING AGENCY:  YES  NO