AGENCY NAME:

OFFICER NAME:

AGENCY (ORI):

DATE OF REPORT:

INVESTIGATIVE REPORT NUMBER (OCA):

CAUTION INDICATOR:

CAUTION/MEDICAL CONDITIONS (CMC):

WANTED PERSON:

TEMPORARY FELON:

EXTRADITION LIMITATIONS (EXL):

DATE OF WARRANT (DOW):

**WANTED PERSON INFORMATION:**

NAME (NAM):

SEX (SEX):

RACE (RAC):

HEIGHT (HGT):

WEIGHT (WGT):

EYE COLOR (EYE):

HAIR COLOR (HAI):

DATE OF BIRTH (DOB):

SOCIAL SECURITY NUMBER (SOC):

FBI NUMBER (FBI):

MISCELLANEOUS NUMBER (MNU):

**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):

ORGINAL OFFENSE CODE (OOC):

WARRANT NUMBER (WNO):

OFFENSE CODE (OFF):      

ADDITIONAL OFFENSE (ADO):

COURT ORI (CTI):

LINKAGE AGENCY IDENTIFIER (LKI):

LINKAGE AGENCY CASE NUMBER (LKA):

NOTIFY ORIGINATING AGENCY (NOA):

DNA LOCATION (DLO):

FRAUDULENT DATA:

NAME (NAM):

DATE OF BIRTH (DOB):

SOCIAL SECURITY NUMBER (SOC):

MISCELLANEOUS NUMBER (MNU):

OPERATOR’S LICENSE NUMBER (OLN):

YEAR (OLY):

STATE (OLS):

STREET NUMBER (SNU):

COUNTY (COU):

STATE (STA):

CITY NAME (CTY):

STREET NAME (SNA):

ADDRESS DATA:

DATE OF DOCUMENTED ADDRESS (DDA):

ZIP CODE (ZIP):

ALIAS (AKA):

MISCELLANEOUS (MIS):

**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