

**DCI / NCIC FORM**

OCA #					Agency #							
Officers Name / ID #					Date / Time			ORI				
<b>LICENSE / VEHICLES</b> <input type="checkbox"/> Recovered <input type="checkbox"/> Stolen <input type="checkbox"/> Felony												
Tag #		State	Year	LIC Type		VIN #						
VEH. Year		VEH. Make		VEH. Model		VEH. Type	Color		Date of Theft			
MISC.												
<b>PERSONS</b> <input type="checkbox"/> Wanted <input type="checkbox"/> Missing <input type="checkbox"/> Unidentified <b>EXTRADITION</b> <input type="checkbox"/> Full <input type="checkbox"/> Limited <input type="checkbox"/> None												
Name ( Last, First, Middle)			Race	Sex	POB	DOB		DOE	HGT	WGT	Eyes	
Hair	FBI #		Skin	Scars Marks Tattoos				Misc. Number				
SOC #		OLN #		State		Exp. Year	Minimum Info Obtained - Date / Time					
DLC	Offense	DOW	SID #			Fingerprint Classification						
MISC.												
<b>ARTICLES / GUNS</b> <input type="checkbox"/> Recovered <input type="checkbox"/> Stolen												
A R T  G U N	Type		Ser #		OAN		Brand	Model	DOT			
	Ser #		Make		Model		Caliber	Type	DOT			
MISC.												
<b>BOATS</b>												
REG #		State	Exp. Year	HUL	Boat Hull #			PRO	Boat Year			
Make		Type	Length	Color	DOT	MISC.						
<b>SECURITIES</b>												
Type		Ser #			Denomination		Issuer		DOT			
<b>OWNER / REPORTING PARTY INFORMATION</b>												
Name (Last, First, MI)				Address				Phone #				
MISC.												
<b>COMMUNICATIONS ONLY</b>												
Entering Communicator:								Time:				
Supervisor:								Time:				
NCIC	WORD PAD		CAD BOLO		MCT's		SR 50		SR DMA		SR MISSPER	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Modifications made to original entry (attach copy).