YORK COUNTY DEPARTMENT OF EMERGENCY SERVICES
CLEAN/NCIC ENTRY FORM
MISSING PERSON
AREAS MARKED WITH AN ASTERISK (*) ARE MANDATORY

Type __Disability __Juvenile __Endangered __Catastrophe __Involuntary __Caution __Other	Reporting Agency	Officer & Badge #	OCA	Runaway YES or NO

* Name of missing person (include middle name or initial)	* Address (include name of town)

* Sex	* Race	Place of birth	* Date of birth	* Height	* Weight	* Eyes	* Hair	Skin tone

Scars,marks,tattoos and other characteristics

Social Security Number	OLN	OLN State	OLN Expiration

FBI Number and SID Number	Fingerprint Classification (if not available use Pattern Class)

Photo available YES _____ NO _____	* Date of last contact	* Time of last contact	Jewelry and jewelry description

Medical Conditions/Diseases (mandatory if Disability)

Drug addictions/Medications (if on Medication need name of Med, what it treats, how many times taken per day and dosage)

Miscellaneous (this includes clothing description and any other information not addressed)

VEHICLE INFORMATION (IF ENTERING VEHICLE WITH MISSING OR WANTED ALL FIELDS ARE MANDATORY)

License Plate Number	State	Expiration Date	Lic Type (PC, TK, etc)	VIN Number

Year	Make	Model	Style	Color

Body X-ray __Full __Partial __None	Footprints __Yes __No	Does the missing person have corrected vision? __Yes __No __Glasses __Contact Lenses	Circumcision __Was __Was not

DO NOT WRITE BELOW THIS LINE FOR YCDES USE ONLY

Initials & Disp Number	Date	Entry Faxed Back Yes or No	
Was entry checked for accuracy Yes or No	Initials of Oper	Date	REVISED APRIL 2007