

YORK COUNTY DEPARTMENT OF EMERGENCY SERVICES

SUPPLEMENTAL INFORMATION (TO BE USED FOR MISSING OR WANTED PERSONS)

Date of Report	Reporting Agency	Officer & Badge	OCA	Dispatcher Number
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AKA (aliases) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DOB \_\_\_\_\_  
\_\_\_\_\_

SMT \_\_\_\_\_  
\_\_\_\_\_

MNU \_\_\_\_\_

SOC \_\_\_\_\_

OLN \_\_\_\_\_ STATE \_\_\_\_\_ EXP YEAR \_\_\_\_\_

OLN \_\_\_\_\_ STATE \_\_\_\_\_ EXP YEAR \_\_\_\_\_

LIC \_\_\_\_\_ LIS \_\_\_\_\_ LIY \_\_\_\_\_ LIT \_\_\_\_\_

VIN \_\_\_\_\_ VYR \_\_\_\_\_ VMA \_\_\_\_\_

VMO \_\_\_\_\_ VST \_\_\_\_\_ VCO \_\_\_\_\_

SPECIAL NOTES / CONCERNS

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\*THIS FORM SHOULD BE UTILIZED WHEN YOU RUN OUT OF ROOM ON THE ORIGINAL ENTRY FORM MAY 2005