



Dauphin County Department of Public Safety CLEAN/NCIC Entry Form

MISSING PERSON – OCA _____

Castastrophe Victim(caution)
 Disability
 Endangered
 Involuntary
 Juvenile
 Other

MANDATORY FIELDS ARE SHADED

DATE OF REPORT (YYYY/MM/DD)		AGENCY/DEPARTMENT (ORI)			REPORTING OFFICER		DEPARTMENT CASE NUMBER	
NAME (LAST)		FIRST	MIDDLE	SEX	RACE	PLACE OF BIRTH		
DATE OF BIRTH		DATE OF EMANCIPATION	HEIGHT	WEIGHT	EYE	HAIR	FBI NUMBER	
SKIN TONE	SCARS / MARKS / TATTOOS		FINGERPRINT CLASSIFICATION		MISCELLANEOUS NUMBER			
SOCIAL SECURITY NUMBER		OPERATOR LICENSE NUMBER		OPERATOR LICENSE STATE	OPERATOR LICENSE YEAR OF EXPIRATION	DATE OF LAST CONTACT	LINKAGE AGENCY IDENTIFIER	LINKAGE CASE NUMBER
MISCELLANEOUS								NOA
								N
MISSING PERSON CIRCUMSTANCES	LICENSE PLATE NUMBER		LICENSE PLATE STATE	LICENSE PLATE YEAR OF EXPIRATION	LICENSE PLATE TYPE	VEHICLE IDENTIFICATION NUMBER		
VEHICLE YEAR	VEHICLE MAKE	VEHICLE MODEL	VEHICLE STYLE	VEHICLE COLOR	BLOOD TYPE	CIRCUMCISION	FOOTPRINTS AVAILABLE	BODY X-RAYS
CORRECTIVE VISION PRESCRIPTION				JEWELRY TYPE				
JEWELRY DESCRIPTION								
RUNAWAY	TIME LAST CONTACT	PHOTO AVAILABLE	AMBER ALERT	ABDUCTED	ABDUCTING PARENT			ABDUCTION DATE
DNA	DNA REPOSITORY LOCATION							
DNA REPOSITORY CONTACT NAME				DNA REPOSITORY CONTACT TELEPHONE				