



Dauphin County Department of Public Safety CLEAN/NCIC Entry Form

IDENTITY THEFT – OCA _____

Caution

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

HEIGHT	WEIGHT	EYE	HAIR	FBI NUMBER	SKIN TONE	SCARS / MARKS / TATTOO

DATE OF PURGE	FINGERPRINT CLASSIFICATION	MISCELLANEOUS NUMBER	SOCIAL SECURITY NUMBER

LINKAGE AGENCY IDENTIFIER	LINKAGE CASE NUMBER

MISCELLANEOUS	NOA

CAUTION/MEDICAL COND.	PASSWORD	IDENTITY THEFT TYPE	DATE OF THEFT