



Dauphin County Department of Public Safety CLEAN/NCIC Entry Form

STOLEN SECURITY – OCA _____

SINGLE GROUP

MANDATORY FIELDS ARE SHADED

| DATE OF REPORT (YYYY/MM/DD) | AGENCY/DEPARTMENT (ORI) | REPORTING OFFICER | DEPARTMENT CASE NUMBER |
|-----------------------------|-------------------------|-------------------|------------------------|
| | | | |

| TYPE | SERIAL NUMBER | DENOMINATION | ISSUER |
|------|---------------|--------------|--------|
| | | | |

| OWNER | SOCIAL SECURITY NUMBER |
|-------|------------------------|
| | |

| SECURITY DATE | DATE OF THEFT |
|---------------|---------------|
| | |

| LINKAGE AGENCY | LINKAGE CASE NUMBER |
|----------------|---------------------|
| | |

| MISCELLANEOUS | NOA |
|---------------|----------|
| | N |

| RANSOM MONEY INDICATOR |
|------------------------|
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