JOHNSTON COUNTY E-911 COMMUNICATION
NCIC ENTRY FORM
Seized Tags \ Stolen License Plates

* Mandatory Fields

Seized Tags

AGENCY DATA (*All info in this section are mandatory fields)

Department or Agency: _____

Originating Agency Name: _____

Seizing Officer: _____

Agency Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____

PLATE DATA (*All info in this section are mandatory fields)

Plate Number: _____

Date Plate Seized: _____ Time Plate Seized: _____

Name of Person Plate Seized From: _____

County of Seizure: _____

Information

* Date: _____ NIC#: _____

* Officer: _____ Operator: _____

Stolen License Plates

AGENCY/CASE DATA

* Originating Agency Name: _____

* Originating Agency Code (ORI): _____ Person Armed/Hold for Prints: _____

* Agency Case Number: _____

Notify Originating Agency: _____ *****Date of Theft: _____

Linkage Agency Identifier: _____ Linkage Case Number: _____

LICENSE PLATE DATA (*All info in this section are mandatory fields)

= License Plate: _____ State: _____

Year: _____ Type: _____

Information

* Date: _____ NIC#: _____

* Officer: _____ Operator: _____