JOHNSTON COUNTY E-911 COMMUNICATION
NCIC ENTRY FORM
Unidentified Person (Living)

*** Mandatory Fields**

AGENCY/CASE DATA

* Originating Agency Name: _____

* Originating Agency Code (ORI): _____

* Agency Case Number: _____

Notify Originating Agency: _____ *Date Body Was Found: _____

Linkage Agency Identifier: _____ Linkage Case Number: _____

PERSON DATA

* Sex: _____ *Race: _____ *Height: _____

*Weight: _____ *Hair Color: _____ *Eye Color: _____

Estimated Year of Birth: _____

Manner and Cause of Death: _____

Scars Marks and Tattoos: _____

*Finger Print Classification: _____ *Foot Print Available: _____

Blood Type: _____ *X-Rays Available: _____ Circumcision: _____

Vision Prescription: _____

Jewelry Type:

Jewelry Description:

Miscellaneous:

MEDICAL EXAMINER / CORONER DATA

Case Number: _____

Location: _____

Telephone: _____

Information

* Date: _____ NIC#: _____

* Officer: _____ Operator: _____