

**JOHNSTON COUNTY E-911 COMMUNICATION
NCIC ENTRY FORM
Person Wanted**

*** Mandatory Fields, = One Or More Of The Following Identifiers**

AGENCY/CASE DATA

* Originating Agency Name: _____
* Originating Agency Code (ORI): _____ * Message Key: _____
* Agency Case Number: _____
Notify Originating Agency: _____ *Date of Warrant/Violation: _____
* Offense Code: _____ Additional Offense (ADO): _____
Original Offense Code: _____ Court ORI: _____
Warrant Number: _____ Caution/Medical Conditions: _____
Linkage Agency Identifier: _____ Linkage Case Number: _____
* Extradition Limitation: _____ *Felony or Misdemeanor Warrants: _____

PERSON DATA

* Name: _____ *Sex: _____
* Race: _____ *Height: _____ *Weight: _____
* Hair Color: _____ Eye Color: _____ Skin Tone: _____
= Date of Birth: _____ Date of Emancipation: _____ Place of Birth: _____
Scars Marks and Tattoos: _____ =Social Security Number: _____
= Miscellaneous Number: _____ =FBI Number: _____
Finger Print Classification: _____
= License Number: _____ State: _____ Year: _____ (If number entered, list ST & YR)
Citizenship (CTZ): _____ DNA Available (DNA): _____

PERSON ADDRESS DATA

Street Number (SNU): _____ Street Name (SNA): _____
City (CTY): _____ County (COU): _____
State (STA): _____ Zip (ZIP): _____ Address type (ADD): _____

VEHICLE DATA (If Vehicle ID Number is added, all + info in this section are mandatory fields)

= Vehicle ID Number: _____
+ Make: _____ Model: _____
+ Style: _____ Color: _____
+ Year of Manufacturer: _____

LICENSE PLATE DATA (If License Plate is added, all info in this section are mandatory fields)

= License Plate: _____ State: _____
Year: _____ Type: _____

FRAUDULENT DATA

Name: _____
Date of Birth: _____ Social Security Number: _____
Miscellaneous Number: _____
License Number: _____ State: _____ Year: _____

Information

* Date: _____

NIC#: _____

* Officer: _____

Operator: _____