



# LAWRENCE COUNTY – DEPARTMENT OF PUBLIC SAFETY

## WANTED PERSON

### CLEAN/NCIC ENTRY WORKSHEET

*TYPE OF ENTRY:	<input type="checkbox"/> EW-ENTER WANTED PERSON <input type="checkbox"/> EWC-ENTER WANTED PERSON - CAUTION <input type="checkbox"/> EWJ-ENTER WANTED PERSON - JUVENILE	<input type="checkbox"/> EWJC-ENTER WANTED JUVENILE - CAUTION <input type="checkbox"/> ET-ENTER TEMPORARY FELONY <input type="checkbox"/> ETC-ENTER TEMPORARY FELONY - CAUTION
<b>*EXTRADITION LIMITATIONS (EXL): EXTRADITION VERIFIED THROUGH PROPER AUTHORITY</b>		
<input type="checkbox"/> 1. FELONY - FULL EXTRIDATION <input type="checkbox"/> 2. FELONY - LIMITED EXTRIDATION <input type="checkbox"/> 3. FELONY - SURROUNDING STATES <input type="checkbox"/> 4. FELONY - NO EXTRIDATION <input type="checkbox"/> 5. FELONY - PENDING EXTRIDATION	<input type="checkbox"/> A. MISDEAMNOR - FULL EXTRIDATION <input type="checkbox"/> B. MISDEAMNOR - LIMITED EXTRIDATION <input type="checkbox"/> C. MISDEAMNOR - SURROUNDING STATE <input type="checkbox"/> D. MISDEAMNOR - NO EXTRIDATION <input type="checkbox"/> E. MISDEAMNOR - PENDING EXTRIDATION	
*AGENCY NAME:	*AGENCY ORI:	*OFFICER NAME:
DATE OF REPORT:	*INVESTIGATIVE REPORT NUMBER (OCA):	*DATE OF WARRANT (DOW):
WARRANT NUMBER (WNO):	*NCIC OFFENSE (OFF):	NCIC ORIGINAL CHARGE (OOC):
<b>WANTED PERSON SUBJECT INFORMATION</b>		
*NAME (NAM):	*SEX (SEX):	*RACE (RAC):
DATE OF BIRTH (DOB):	*HEIGHT (HGT):	*WEIGHT (WGT):
SKIN TONE (SKN):	FBI NUMBER (FBI):	FINGERPRINT CLASSIFICATION (FPC):
MISCELLANEOUS NUMBER (MNU):	SOCIAL SECURITY NUMBER (SOC):	
SCARS, MARKS, TATOOS, AND OTHER CHARACTERISTICS (SMT):		
DNA (DNA):	DNA LOCATION (DLO):	NOTIFY ORIGINATING AGENCY (NOA): <input type="checkbox"/> YES <input type="checkbox"/> NO
MISCELLANEOUS INFORMATION (MIS):		
<b>STOLEN FRAUDULENT IDENTIFIERS: (S/F)</b>		
NAME (S/F NAM):	DOB (S/F DOB):	SOCIAL SECURITY (S/F SOC):
OPERATOR LICENSE NUMBER (S/F OLN):	STATE (OLS):	YEAR (S/F OLY):
<b>DRIVER OPERATOR LICENSE INFORMATION</b>		
OPERATOR LICENSE NUMBER (OLN):	STATE (OLS):	YEAR (OLY):
<b>VEHICLE INFORMATION</b>		
VEHICLE REGISTRATION (LIC):	STATE (LIS):	YEAR (LIY):
VEHICLE IDENTIFICATION NUMBER (VIN):	YEAR (VYR):	MAKE (VMA):
MODEL (VMO):	STYLE (VST):	COLOR (VCO):
<b>COMPLETED BY ENTERING AGENCY</b>		
CLEAN/NCIC RECORDS CHECKED TO OBTAIN ADDITIONAL INFORMATION, ADDITIONAL INFORMATION PROVIDED TO INVESTIGATING AGENCY <input type="checkbox"/> YES <input type="checkbox"/> NO		
ENTERED BY:	CHECKED BY:	DATE/TIME ENTERED:
COPY OF ENTRY PROVIDED TO REQUESTING AGENCY: <input type="checkbox"/> YES <input type="checkbox"/> NO		

\*Required Field